

Cleveland Central Catholic High School
Student Information Form (8/2017)

Student Name _____	Graduation Year _____	
First Middle Last		
Address _____	Email _____	
City _____	Zip Code _____	Social Security # _____
Home Phone (_____) _____ - _____	Student Cell (_____) _____ - _____	

Legal Custodial Parent/Guardian I

Name _____

Relationship to Student _____

Lives with student? ___ yes ___ no

Phone (_____) _____

Cell Phone (_____) _____

Place of Work _____

Work Phone (_____) _____

Email _____ @ _____

Social Security # _____ - _____ - _____

Legal Custodial Parent/Guardian II

Name _____

Relationship to Student _____

Lives with student? ___ yes ___ no

Phone (_____) _____

Cell Phone (_____) _____

Place of Work _____

Work Phone (_____) _____

Email _____ @ _____

Please include any special contact notes on the reverse side of this sheet. Thank you!

Emergency Contact I

Name _____

Relationship to Student _____

Lives with student? ___ yes ___ no

Phone (_____) _____

Emergency # (_____) _____

Emergency Contact II

Name _____

Relationship to Student _____

Lives with student? ___ yes ___ no

Phone (_____) _____

Emergency # (_____) _____