

Catholic Central High School
Registration Form

Student Information

Student Name _____
(Last) (First) (Middle)

Date of Birth _____ Gender _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Family Email Address _____

Religion _____ Student's Parish _____

Entering Grade (circle one) 6 7 8 9 10 11 12

Does your child require services such as an IEP/IAP or a 504? _____

School Previously Attended _____

Dates Attended _____ Grade Completed _____

Student lives with (circle one) Mother and Father Mother Only Father Only
Mother and Stepfather Father and Stepmother Guardians

Parent/Guardian Information

Name _____
(Last) (First) (Title)

Relationship to Student _____ Email _____

Cell Phone _____ Work Phone _____

Email _____

Name _____
(Last) (First) (Title)

Relationship to Student _____ Email _____

Cell Phone _____ Work Phone _____

Email _____

Medical Information

Doctor _____ Phone _____

Dentist _____ Phone _____

Please list any allergies or medical conditions _____

Please return this completed form to the main office with a copy of your student's birth certificate and social security card.

Please return this completed form to the main office with a copy of your student's birth certificate and social security card.