



Current Relatives at either Catholic Central or West Catholic High School

Name Relationship

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Please mark with an X the Legal/Custodial Parent/Guardian on the line provided before their name

\_\_\_ **Father/Guardian Name** (please circle) \_\_\_\_\_

Last First Middle

Home Address \_\_\_\_\_

Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Religion \_\_\_\_\_ Place of Birth \_\_\_\_\_

US Citizen Yes ( ) No ( ) Marital Status ( ) Married ( ) Divorced ( ) Single

\_\_\_ **Mother/Guardian Name** (please circle) \_\_\_\_\_

Last First Middle

Home Address \_\_\_\_\_

Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Religion \_\_\_\_\_ Place of Birth \_\_\_\_\_

US Citizen Yes ( ) No ( ) Marital Status ( ) Married ( ) Divorced ( ) Single

\_\_\_ **Step Parent Name(s) (if applicable)** \_\_\_\_\_

Last First Middle

Please state why you want your child to attend Catholic Central/West Catholic High School. (Please type or print clearly. It is acceptable to attach a computer generated response.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Does your child require special accommodations? \_\_\_ No \_\_\_ Yes If yes please provide professional evaluation to support request.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

