

INCOMING FRESHMAN/ Padua Franciscan High School Student Information Form

TRANSFER/CLASS OF: _____

(PLEASE PRINT)

Return on or before March 15, 2024

Both sides of this form MUST be filled in completely

STUDENT INFORMATION

Last Name: _____ First Name: _____ M Initial: _____

Nickname: _____ Primary Family Phone:(_____) _____ This is (circle one) Cell Land

Primary Family Email: _____ Current Parish/Church : _____

Student Address: _____ City: _____ Zip: _____

Birth Date: _____ Birth City and State: _____ SSN: _____

RESIDENT/CUSTODIAL PARENT INFORMATION *If parents do not reside at the same address, please also complete Nonresidential/Custodial section on back.*

Student Lives With:

___ Mother & Father

___ Father & Stepmother

___ Mother & Stepfather

___ Mother & Father (separate households)

___ Father only

___ Mother only

___ Guardians _____(specify relationship) ___ Student has a deceased parent _____(specify mother or father)

Residential FATHER: Title: (circle one) Mr. Dr. Reverend

Name (First & Last Name): _____ Nickname: _____

Place of Employment: _____

Type of Industry (e.g., Accounting, Auto, Retail, Education): _____

Profession(e.g., Accountant, Sales, Teacher): _____ Position (Title): _____

Daytime Emergency #: (_____) Cellphone: (_____)

Optional Email: _____

Residential MOTHER: Title: (circle one) Mrs. Ms. Miss Dr. Reverend

Name (First & Last Name): _____ Nickname: _____

Place of Employment: _____

Type of Industry (e.g., Accounting, Auto, Retail, Education): _____

Profession (e.g., Accountant, Sales, Teacher): _____ Position (Title): _____

Daytime Emergency #: (_____) Cellphone: (_____)

Optional Email: _____

ALL SIGNATURES REQUIRED — DO NOT PRINT

Signature of Student: _____ Date: _____

Signature of Father:: _____ Date: _____

Signature of Mother:: _____ Date: _____

• **WHO SHOULD RECEIVE REPORT CARDS?**

____ Parents/Guardians who reside at same address ____ Mother only ____ Father only ____ Mother and Father separate addresses

• **WHO IS FINANCIALLY RESPONSIBLE?**

____ Parents/Guardians who reside at same address ____ Mother only ____ Father only ____ Mother and Father separate addresses

NONRESIDENT/CUSTODIAL PARENT INFORMATION

Do Parents share custody? _____ Does student split time between 2 households? _____

**If mother and father do not reside at the same address, please list the parent with the different address and complete below*

MOTHER/FATHER: Title: (circle one) Mr. Mrs. Ms. Miss Dr. Rev.

Name (First & Last Name): _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____

Profession (e.g., Accountant, Sales, Teacher): _____ Position (Title): _____

Daytime Emergency #: (_____) _____ Cellphone: (_____) _____

Optional Email: _____

Is this parent an emergency contact? ____ Yes ____ No Does this parent receive billing information? ____ Yes ____ No

BILLING ADDRESS (If not the same as student address) PLEASE PRINT

IMPORTANT NOTE TO ALL PARENTS/GUARDIANS

(The following information is required by the Ohio Department of Education)

Please identify the public high school in which your student would have been enrolled, based on your home address. (If you live in a district that has multiple high schools, such as Cleveland or Parma, please name the *specific* high school **and** district, e.g., Normandy High School/Parma District.)

Name of Public High School/District: _____

OTHER EMERGENCY PHONE NUMBERS (If parent not available)

Name: _____ Phone: (_____) _____ Relation to Student: _____

Name: _____ Phone: (_____) _____ Relation to Student: _____

***Please notify the school office in writing if there are any changes to this information during the school year.**