



# Central Catholic High School

A College Preparatory High School of Excellence in the Marist Tradition • www.centralcatholic.net  
300 Hampshire Street, Lawrence, MA 01841 • P: 978.682.0260 • F: 978.685.2707

## STUDENT MASTER FORM

Please carefully complete items #1-8 on both sides of this form, sign, and submit it to the Office of Admissions at Central Catholic High School with your non-refundable tuition deposit to indicate your desire to enroll.

If the answers to any of these questions is "none" or "does not apply" please so indicate. Thank you. *Please print all answers.*

### I. Student Information

I am enrolling (check one):  NINTH  TENTH  ELEVENTH  TWELFTH

Gender (check one):  Male  Female

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt Size (check one):  S  M  L  XL  XXL

### 2. Custodial Parent/Guardian Information

Name: \_\_\_\_\_

Relationship to Applicant (check one):  Mother  Father  Stepmother  Stepfather  Grandparent  Guardian  Other: \_\_\_\_\_

Street Address (if different from applicant): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant (check one):  Mother  Father  Stepmother  Stepfather  Grandparent  Guardian  Other: \_\_\_\_\_

Street Address (if different from applicant): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Custodial Parent/Guardian relationship to each other (check one):  Married  Separated  Divorced  Widowed  Single  Other: \_\_\_\_\_

School information will be sent to parent(s)/guardian(s) at the student's address unless otherwise directed.

Should school mailing be made to parent/guardian not living at student's address (check one):  Yes  No

### 3. Emergency Notification

Please identify someone other than parent/guardian.

In case of emergency: (if parent(s)/guardian(s) are not available)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### 4. Grandparent Information

List the names and addresses of living Grandparents.

#### Paternal Grandparents:

Grandmother's Name: \_\_\_\_\_

Grandfather's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

#### Maternal Grandparents:

Grandmother's Name: \_\_\_\_\_

Grandfather's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please mark your selection with a check in the appropriate box.

5. World Language Choice:  French  Spanish  Chinese

6. Fine & Performing Arts Choice:  Visual Arts  Theater Arts  Keyboarding & Music Theory

7. Would you consider joining the chorus and/or school band? CHORUS:  Yes  No  
BAND:  Yes  No

#### 8. Transportation:

**CAR POOL** – Would you like to be added to the car pool list shared with other members of the CCHS community?  Yes  No

**BUS TRANSPORTATION** – Are you interested in signing up for one of the morning bus routes?  Yes  No

Please be sure to check the CCHS website under Admissions and Transportation for more information regarding bus route options.

Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_