

Today's Date: _____

Date Entering CCHS: _____



CHARLOTTE CATHOLIC HIGH SCHOOL

STUDENT PROFILE AND REGISTRATION

Please print all information, check for accuracy, and be sure all spaces are completed.

STUDENT INFORMATION

Name: _____ Home Phone # _____
Last First Middle

Address: _____
House Number and Street City State Zip

Ethnicity: _____ Country Born: _____ Grade Entering: _____ Sex: _____

Auto Call 1: _____ Auto Call 2: _____ Date of Birth: _____
Please list two telephone numbers for automated calling (attendance, school announcements, etc.) Month/Day/Year

Religion: _____ Parish (or place of worship): _____

Present School: _____ Grade: _____

Previous School: _____ Grade Completed: _____

Student E-mail: _____ Hobbies/Sports: _____

PARENT INFORMATION

Father/Guardian Name: _____ CCHS Grad? Yes No Grad Year: _____
Last First Middle Circle One

Occupation: _____ Place of Business: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Address (if different): _____
House Number and Street City State Zip

Mother/Guardian Name: _____ CCHS Grad? Yes No Grad Year: _____
Last First Middle Circle One

Occupation: _____ Place of Business: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Address (if different): _____
House Number and Street City State Zip

Please **Circle** how mail should be addressed: Mr. and Mrs. Mr. Mrs. Ms. Student resides with _____