

**INCOMING FRESHMAN/ Padua Franciscan High School Student Information Form**

TRANSFER/CLASS OF: \_\_\_\_\_

(PLEASE PRINT)

Return on or before March 15, 2025

*Both sides of this form MUST be filled in completely*

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
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.**