6740 Broadview Road Parma, OH 44134 216.524.4816 www.stcolumbkilleschool.org

## **Information Regarding Legal Custody**

Family Name: (Please	print)		
Child's (Children's) Na	ame(s):		
Child lives with:		mother	
Residential parent/gu	uardian signature:	Date:	
Name: (Please print)			
Address:	Street	City State Zip	
Hone Phone # ()	Work Phone # (	) Cell Phone # ()	
Is there legal paperword If "Yes", please attach a to visitation rights and This copy should include	k regarding Adoption of the child? a certified copy of the entire court ord contacts with the school. Also include le any and all modifications made as	y and/or residency of the child? Yes No Yes No Yes No Yes No ler including the case number and those sections refide the page bearing the judge's signature and cour of the date of registration of the child in this schoo of any subsequent modifications during the child's t	t seal. I. It is
Non-Residential pare	nt signature:	Date:	
Name: (Please print)			
Address:	Street Work Phone #: (	City State Zip  Cell Phone #: ()	ž
	parent responsible for paying tuiti		