



STUDENT INFORMATION SHEET

FULL LEGAL NAME (*First, Middle, Last*)

PREFERRED (*or "Goes By"*) **NAME**

CELL PHONE

DATE OF BIRTH

FEMALE MALE
PLEASE MARK ONE

ADULT CONTACT #1

YES NO
RESIDES WITH YOU?

RELATIONSHIP

CELL PHONE

ADULT CONTACT #2

YES NO
RESIDES WITH YOU?

RELATIONSHIP

CELL PHONE

ADULT CONTACT #3

YES NO
RESIDES WITH YOU?

RELATIONSHIP

CELL PHONE

Does anyone in your home speak a language other than English?

YES NO

If yes, is it spoken more often than English?

YES NO

Does any member of your home receive financial benefits from the government?

YES NO

Is any member of your home currently or previously a member of the military?

YES NO

SOCIAL SECURITY NUMBER

OR STATE TESTING NUMBER

1ST SEMESTER SCHEDULE

2ND SEMESTER SCHEDULE

What is something we need to know about you?