

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 la	inguage other tl	nan English?	□ NO
If yes, is it spoken more often than English?		☐ YES	□ №
Does any member of your home rece government?	ive financial ber	nefits from the	□ NO
Is any member of your home current military?	ly or previously	a member of t	he NO
SOCIAL SECURITY NUMBER	OR STATE TES	TING NUMBEI	R
1ST SEMESTER SCHEDULE	2ND SEM	ESTER SCHED	ULE
	•		
	•		
	•		
	•		
	•		
What is something we need to know	about you?		