



General Application Form – page 1 of 2

COURSE NAME: SAT/ACT Test Preparation and College Preparedness

COURSE OPTION: Start Date ___/___/2012 Location: _____

STUDENT INFORMATION

School Name: _____ City/State: _____, ___ Male Female

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Apt./Box No.: _____ City/State: _____, _____ Zip Code: _____

Telephone Number: Home (____) _____ Work (____) _____ Mobile (____) _____

Email _____@_____. _____ Date of Birth: ___/___/19 ___
(IMPORTANT: Valid email address is required – Please type or print legibly)

Grade in School: 9 10 11 12 High School Graduation Year: 20__ __ Cum. GPA __. __

- Do you have reliable access to a computer at home with internet service? Yes No
- Do you require special accommodations due to religious, disability, or other reasons? Yes No
If yes, please describe: _____

PARENT/GUARDIAN INFORMATION (Parent/Guardian #1)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Apt./Box No.: _____ City/State: _____, _____ Zip Code: _____

Telephone Number: Home (____) _____ Work (____) _____ Mobile (____) _____

E-mail _____@_____. _____ Relationship to Student: _____
(IMPORTANT: Valid email address is required – Please type or print legibly)

PARENT/GUARDIAN INFORMATION (Parent/Guardian #2)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Apt./Box No.: _____ City/State: _____, _____ Zip Code: _____

Telephone Number: Home (____) _____ Work (____) _____ Mobile (____) _____

E-mail _____@_____. _____ Relationship to Student: _____
(IMPORTANT: Valid email address is required – Please type or print legibly)

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Do you qualify for free or reduced price lunch? Yes No

Is English the primary language spoken in your home? Yes No

Please identify all language(s) spoken in your home: _____

Please list the languages that you speak fluently: _____

Student Educational Background

School	Major/Minor (if applicable)	Dates of Attendance	Degree Awarded (if applicable)
Elementary Schools			
Middle Schools			
High Schools			
College/University/Trade/Other			

Student Employment Experience

Employer Name <small>Include name, address, and telephone number</small>	Your Position/Title	Dates Employed	Duties and Responsibilities

Student Community Service/Volunteer Experience

Employer Name <small>Include name, address, and telephone number</small>	Your Position/Title	Dates Employed	Duties and Responsibilities

Please list your extracurricular activities below (music, sports, hobbies, etc.)

Activity	Dates	Activity	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I certify that all of the information pertaining to this application is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____

Print Name _____

Parent/Guardian Signature: _____ Date: _____

Print Name _____