

## 1. STUDENT INFORMATION

Name						
Address						
City,State, Zip						
	Cell Phone					
Date of Birth						
2. FAMILY INFORMATION						
Parent/Guardian Name	Relation					
Address						
Occupation	Employer					
Home Phone						
Cell Phone						
College Attended	Degree					
Professional or Graduate School Attended		Degree				
Parent/Guardian Name	Relation					
Address						
Employer						
Work Phone						
Email						
College Attended	Degree					
Professional or Graduate School Attended						
Brothers and Sisters Name Age School or (						

## CLIENT DATA -2-

3. <b>SCHOOLIN</b> College City a		•			ementary	school. School or
4. <b>HIGH SCHO</b> A. Year of Hig						
B. Approximates School G.P.A.	ate High	School G.P.	A. (weigh	ted)	Ap	proximate High
				n Graduati	ng Class _	·····
D. Results of	tests tak	en to date:				
Date Taken						
PSAT PreACT	<sub>E</sub>	EBRW	M		Comp	
SAT	L EBRW	<sup>IVI</sup> M	'\`	3CI	_ Comp _	<del></del>
ACT	_ E	M R _	SCI _	Comp <sub>.</sub>	Wı	riting
5. <b>MAJOR AC</b>	TIVITIES					
6. WHOM MA	AY WE TI	HANK FOR R	EFERRING	YOU TO U	IS?	