



## INFORMATION FORM

(Please complete all information front & back prior to initial appointment)

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_ SS# \_\_\_\_\_  
(First) (Middle) (Last) (Nickname)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship (if not US): \_\_\_\_\_

Current School: \_\_\_\_\_ Graduation Yr.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Previous Schools Attended (Dates and Grade):

\_\_\_\_\_ Dates/Grades: \_\_\_\_\_  
\_\_\_\_\_ Dates/Grades: \_\_\_\_\_  
\_\_\_\_\_ Dates/Grades: \_\_\_\_\_

Medications currently being taken (if any): \_\_\_\_\_

### FAMILY INFORMATION:

**Father's Name:** \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Education: High School: \_\_\_\_\_ College Attended/Degree: \_\_\_\_\_

Graduate School Attended/Degree: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Education: High School: \_\_\_\_\_ College Attended/Degree: \_\_\_\_\_

Graduate School Attended/Degree: \_\_\_\_\_

(over)



Student lives with (Check all that apply):  Father  Mother  Stepfather  
 Stepmother  Guardian  other \_\_\_\_\_

Check any that apply:  Father deceased  Mother deceased  Parents divorced  
 Parents separated  Father remarried  Mother remarried

Siblings: (Name, Age, and School)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Do you plan to apply for financial aid?  yes  no

Religious Preference: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

Reason(s) for Coming to **Educational Directions**: \_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

**Additional Information/Notes:**