# **COLLEGE PLANNING DATA FORM**

## STUDENT GENERAL INFORMATION

Student First Name:					
Student Last Name:					
Gender: Male / Female					
Student Mailing Address:					
City:	State:	Zip:			
Student Date of Birth:	(Month/Day/Yea	ar)//			
Student Home Telephone: (		<del></del>			
Student email:					
Student State of Legal Residence	e:				
	cted graduation d	late?: (Month	/Year) _	/	_
What is the student's expect STUDENT'S ACA	J	O EXTRA-C	CURRIC	CULAR I	OATA
STUDENT'S ACA	ADEMIC ANI			CULAR I	DATA
STUDENT'S ACA	ADEMIC ANI			CULAR I	DATA
STUDENT'S ACA  What high school do you attend?  What is your class rank?	ADEMIC ANI		_		
STUDENT'S ACA What high school do you attend? What is your class rank? Have you taken the SAT/PSAT	?test? Yes\No Cri	itical Reading	 Math		
STUDENT'S ACA What high school do you attend? What is your class rank? Have you taken the SAT/PSAT; Have you taken the ACT test?	test? Yes\No Cri	itical Reading	 Math	Writin	g
STUDENT'S ACA  What high school do you attend' What is your class rank?  Have you taken the SAT/PSAT;  Have you taken the ACT test?  What is your grade point average	test? Yes\No Cri	itical Reading mposite Score We	 Math	Writin	g
STUDENT'S ACA  What high school do you attend?  What is your class rank?  Have you taken the SAT/PSAT:  Have you taken the ACT test?  What is your grade point average  Major Course of Study:	test? Yes\No Cri	itical Reading mposite Score We	 Math	Writin	g
STUDENT'S ACA  What high school do you attend?  What is your class rank?  Have you taken the SAT/PSAT:  Have you taken the ACT test?  What is your grade point average  Major Course of Study:  Choice of Career	test? Yes\No Cri	itical Reading mposite Score We	 Math	Writin	g
STUDENT'S ACA  What high school do you attend' What is your class rank?  Have you taken the SAT/PSAT; Have you taken the ACT test?  What is your grade point average Major Course of Study: Choice of Career  Are you taking any AP courses?  If yes, list courses:	test? Yes\No Cri Yes\No Cor	itical Reading mposite Score We	 Math	Writin	g

## PARENTAL GENERAL INFORMATION

#### FATHER'S (STEP)

#### MOTHER'S (STEP)

First Name:		First Name:		Code:	
Last Name:		Last Name:			
Father's Age:	yrs. old	Mother Age:	yrs. old		
Date of Birth//		Date of Birth/_	/		
Employer:		Employer:			
Job Title		Job Title			
Father's Cell #:		Mother's Cell #:			
Father's Highest Grade Lo (1) Eler		Mother's Highest G			
Number of Family Memb	ers in your family.				
Number of Family Memb	ers (excluding par	ents) who will be col	lege students		
Number of Dependents.			_		
Marital Status: Married	Divorced / Single				
Are you a Citizen?	Yes / No				
FATHE	ER'S (STEP)		MOTHER	'S (STEP)	
Email		Email			
SIBLING NAME	SIBLIN DATE OF BIRTH	G INFORMA RELATIONSHIP TO THE STUDENT	ATION  GRADUATION DATE	CURRENT SCHOOL	
1	//				
2					
3					
	//				

# STUDENT COLLEGE CHOICES

	COLLEGE/UNIVERSITY NAME	<b>CITY &amp; STATE</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10.		