

PLEASE
PRINT
CLEARLY

The Community School
STUDENT INFORMATION SHEET

ANSWER
EVERY
QUESTION

NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____ APT. # _____ ZIP CODE _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

If you don't have a phone, then list a number here where you can receive messages:

MESSAGE PHONE _____ Whose Phone is it ? _____

FATHER'S NAME _____ CELL/WORK PHONE _____

E-MAIL ADDRESS: _____

MOTHER'S NAME _____ CELL/WORK PHONE _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____

HOME PHONE : _____ WORK/OTHER PHONE _____

Employment Information

Are you currently employed ? _____ If so, where ? _____

Work Phone _____ Work Schedule _____

Emergency Medical Information

Family Doctor/Clinic _____ Phone _____

When was your last visit ? _____ Last complete physical ? _____

List any known medical problems that you may have which the school may need to know.

If you take prescriptions, list them here: _____

Have your parent/guardian sign the following statement, if they agree:

My child has permission to take over-the-counter medicine such as acetaminophen (Tylenol) or ibuprofen (Advil) at the school at his/her own discretion.

Today's Date: _____

Parent/Guardian Signature

EDUCATION/SCHOOL HISTORY

Did you go to kindergarten or nursery school ? _____

If so, where did you go ? _____

List all the schools that you have attended and the grades which you were in:

<u>School Name</u>	<u>Grades Attended</u>
1) _____	_____ to _____
2) _____	_____ to _____
3) _____	_____ to _____
4) _____	_____ to _____
5) _____	_____ to _____
6) _____	_____ to _____

Have you ever repeated or skipped any grades ? _____ If yes, list below any grades which you repeated or skipped and the number of times.

<u>Grade</u>	<u>Repeated or Skipped</u>	<u># of Times</u>	<u>Reason</u> (grades, attendance, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you ever in special learning classes (G.A.T.E., D.E.C., etc.) ? _____

Please give details:

What was the last grade that you successfully **completed** in school ? _____

Are you registered for home schooling ? _____

If yes, when was the last time you submitted a progress report ? _____

Are you still registered in another school ? _____

If yes, where are you registered ? _____

What month and year did you last attend school ? _____

MISCELLANEOUS INFORMATION:

Social Security Number _____ - _____ - _____

7) What do you like the most about school ?

8) What do you like the least about school ?

9) Do you know what kind of career you would like to explore ? What interests do you have that are job related ?

10) What are your hobbies, other interests or things you like to do ?

11) Check off each of the following that is important to you:

Learning to read and write better

Starting a family

Moving out of your house

Going to college

Getting a High School Diploma

Getting a good trade

Learning more about the world

Getting a job

Meeting new people

Getting a drivers license

List other things that are important to you that are not listed above.

12) What are your reasons for wanting to go to school now ? Is anyone else encouraging or making you go to school ?

13) If there is anything else that you would like us to know, then write it on the back.