

Dept.

Course

Gr.

Session

Social Security Number

Birth Date

Student's Last Name

Sex

Race

Mo.

Day

Yr.

Student's First Name

MI

Area Code

Telephone (Daytime)

House/Apt. Number and Street Address or Route Number

City or Town

Home
SchoolDistrict
Residence

Zip Code

Signature of Student_____
Date**(continue on other side)**

