

STUDENT CONTACT WORKSHEET 2019-2020

**** ATTENTION **** Please complete and return this form to a program staff member.

Student Name: _____ SSN: _____

Email Address: _____

Phone: _____ Date of Birth: _____

Mailing Address: _____
Street Address City State Zip Code

Preferred Method of Contact: Phone Email

Prior Year School Data

Grade Level (2018-2019): 9th 10th 11th 12th Other: _____

What school did you attend during the 2018-2019 year?: _____

Current Year School Data

Grade Level (2019-2020): 9th 10th 11th 12th Other: _____

What school are you currently attending during the 2019-2020 year?: _____

Are you limited English proficient?

Yes No

Are you a veteran?

Yes No

During the last year, have you participated in any of the following programs?

Upward Bound No Yes If yes, what program? _____

GEAR Up No Yes If yes, what program? _____

21st Century CLC No Yes If yes, what program? _____

STUDENT STATEMENT OF UNDERSTANDING

By signing below I acknowledge that the information is true and accurate.

Signature: _____ Date: _____

FOR INTERNAL PROCESSING ONLY

Date Received: _____ Received By: _____