



Student Registration Form

Please complete the following registration form and bring it with you to the initial meeting.

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth: _____

Current School: _____ Grade Level: _____

GPA: _____ Class Size: _____ Class Rank: _____

Previous Schools: _____

Guidance Counselor: _____ Phone: _____

Test Scores: SAT _____ SAT II _____

PSAT _____ ACT _____ AP _____

Other _____

List your strengths: _____

List your weaknesses: _____



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Do you have a diagnosed learning disability? _____ Describe: _____

Do you intend to seek financial aid? _____

Best time to meet/reach you: _____

