STUDENT INFORMATION

Last Name	First	Middle	Date of Birth	Applying for Grade	Social Security #

_____

CURRENT SCHOOL INFORMATION
Applicant's Current or Last School _____

Address _____
Street Address **City** **State** **Zip**

School Phone _____ **Current or Last Grade** _____

MEDICAL INFORMATION
Please state here, any specific health conditions or documented learning disabilities that your student might have. Is the student handicapped in any way that might interfere with his/her regular schoolwork?

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