

Student Information Form

Name: _____

Date of Birth: _____

Name and address of the School student is currently attending:

Expected Date of High School/College Graduation: _____

Recent SAT and/or ACT scores and dates: _____

Direct Contact Number (Mobile) for Student: _____

Father's Name: _____

Father's Mobile Phone Number: _____

Father's Email Address: _____

Mother's Name: _____

Mother's Mobile Phone Number: _____

Mother's Email Address: _____

Present Address: _____

Home Phone Number: _____

Student's Email address: _____

Student's siblings and their grade in school: _____

Give details of any physical handicap, medical condition or previous illness for the student:

Family Physician: _____

Date: _____

Parent's Signature: _____

Please complete and fax to:

Charleston
(843) 628-4875

Charlotte
(704) 323-7363

Questions?
Charleston (843) 534-7130
Charlotte (704) 906-7730