



# GUILFORD HIGH SCHOOL - Student Information Form

Class \_\_\_\_\_ Hour \_\_\_\_\_

Last Name _____	First Name _____	Age _____	Grade _____	Counselor _____
Street Address _____		City _____	Zip _____	
Do you have home Internet Access?: YES   NO If yes: Dialup? DSL? Cable? _____				
Check (X) if applicable: <input type="checkbox"/> After school job After school sports: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring				

List Math Courses Completed	Teacher's Name	Grade (A,B,C,D,E)
(8th grade- <i>If FR</i> ) _____	_____	_____
9th grade _____	_____	_____
10th grade _____	_____	_____
11th grade _____	_____	_____

Comments/Special Needs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Please indicate (H) for home phone or (W) for work phone)*

Father	Name _____	Address _____
	Daytime Number _____	Cell Phone _____
	Evening Number _____	Email _____
	Workplace (Days / Evenings) _____	
Mother	Name _____	Address _____
	Daytime Number _____	Cell Phone _____
	Evening Number _____	Email _____
	Workplace (Days / Evenings) _____	

Parent Contacts:

Counselor:

AP Referral: