

SECONDARY/EMERGENCY CONTACT INFORMATION

: _____ : _____
: _____ : _____, : _____
: _____

HOW DID YOU HEAR ABOUT US?

ACADEMIC GOALS

: _____
(_____)
GED

/

HOW WOULD YOU DESCRIBE YOUR PROFICIENCY IN MATH?

NOT _____ .

(_____):

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Pursuant to my signature below, I hereby (a) authorize the Program Parties to inspect and copy any academic, attendance, disciplinary and/or name