Student Information Form

Crittenden Prep Academy

(to be completed by home school/family)

Home School: _____

Administrative Contact: _____

Student: _____
Last First Middle

DOB_____ Age_____ SS #_____

Living with _____both parents _____ one parent _____alone _____w/relative

_____other:_____

Race: _____ Language spoken at home: _____

Parent/Guardian/Caretaker: _____

Address: _____
Street City State Zip

Employer: _____

Home Phone #_____ Work Phone # _____

Emergency contact _____
Name Phone #

Present grade in school: _____

Course of study: _____ regular program _____ special education _____ 504

Meal Status: _____Free _____Reduced _____Paid

Have you failed a grade? _____ yes _____ no If yes, which one? _____

Have you failed any classes? _____ yes _____ no If yes, please list them: _____

_____

Are you now or have you ever been in counseling? _____yes _____ no

If yes, who is your counselor? _____

Are you involved in any present case in juvenile court? _____yes _____no

If yes, explain for what _____

Are you currently on probation? _____yes _____no

If yes, who is your probation officer? _____

Medical Information:

Family doctor: _____
Name Location Phone #

Specific health problems: _____

_____

Prescription medications taking now: _____

_____