



INFORMATION FORM for COLLEGE COUNSELING

(Please complete all information front & back prior to initial appointment)

STUDENT INFORMATION:

Student Name: _____ SS# _____
(First) (Middle) (Last) (Nickname)

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Telephone: _____ Cell Phone: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____ Citizenship (if not US): _____

Current School: _____ Graduation Yr.: _____

Address: _____

Phone Number: __ (____) _____ Guidance Counselor: _____

Previous Schools Attended (Dates and Grade):

_____ Dates/Grades: _____
_____ Dates/Grades: _____
_____ Dates/Grades: _____

Medications currently being taken (if any): _____

FAMILY INFORMATION:

Father's Name: _____ Country of Birth: _____

Address (if different from above): _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____ FAX: _____

Occupation: _____ Employer: _____

Business Address: _____ E-mail: _____

Education: High School: _____ College (Degree): _____

Graduate School (Degree): _____

Mother's Name: _____ Country of Birth: _____

Address (if different from above): _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____ FAX: _____

Occupation: _____ Employer: _____

Business Address: _____ E-mail: _____

Education: H.S.: _____ College/Degree: _____

Graduate School/Degree: _____

(over)



Student lives with (Check all that apply): Father Mother Stepfather
 Stepmother Guardian other _____

Check any that apply: Father deceased Mother deceased Parents divorced
 Parents separated Father remarried Mother remarried

Siblings: (Name, Age, and School)

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Do you plan to apply for financial aid? yes no

Religious Preference: _____ Place of Worship: _____

Reason(s) for Coming to **Educational Directions**: _____

Referred by: _____

Additional Information/Notes: