

ACEA NEW STUDENT INFORMATION

STUDENT NAME _____

ADDRESS _____

AGE _____ BIRTHDATE _____ PHONE _____

LAST SCHOOL ATTENDED _____

EXPECTED YEAR OF GRAUDATION _____

LAST GRADE COMPLETED _____ IEP? Yes _____ or No _____

ATTENDING SCHOOL NOW? _____ IF YES WHY CHANGE SCHOOLS? _____

PARENTS NAME _____

HOME PHONE _____ CELL PHONE _____

WHO DO YOU LIVE WITH? _____ RELATIONSHIP TO STUDENT _____

PHONE # _____

ON PROBATION? _____ PO'S NAME _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR HAVE ANY FELONY CHARGES PENDING? _____

IF YES EXPLAIN _____

IF YOU ARE UNDER 18 YRS. ARE YOUR IMMUNIZATIONS UP TO DATE? _____

HOW DID YOU HEAR ABOUT ACEA? _____

WHY DO YOU WANT TO ATTEND ACEA? _____

WHAT ARE YOUR PLANS AFTER HIGH SCHOOL? _____
