

A. W. BEATTIE CAREER CENTER
STUDENT INFORMATION VERIFICATION

2017-2018

DIRECTIONS: Please complete each item carefully. Students are not required to give their Social Security number, but it is requested on state forms.

Note: If you have any changes in the information below during the school year, please notify the School Office.

Last Name **First Name** **Middle Name (Full Name)**

Program **Instructor**
Session **AM** **PM**

Sending School

District

Current Grade 9 10 11 12 (Please circle) **Expected Graduation Year** 20 __ __

Team Level - Mark if this is your 1st, 2nd, 3rd year @ Beattie
1 2 3

PLEASE PRINT ALL INFORMATION CLEARLY

Sex:
 Male
 Female

Street Address

City **State** **Zip**

Parent Phone Numbers
_____(home)
_____(cell)
_____(work)

Race: (Circle One)
1 American Indian
2 Asian
3 Black
4 Pacific Islander
5 White
6 Hispanic

Parent e-mail address: _____
Parent/guardian name: _____
Student e-mail address: _____

Birth Date **Month** **Date** **Year** **Insert Year of Birth**