

Student and Family Information Form for College Counseling

Student Information

Student Name: _____ SS#: _____

Mailing Address: _____

Email: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Country of Birth: _____ Citizenship: _____

Current School: _____ Grad. Year: _____

School Address: _____

Phone Number: _____ Guidance Counselor: _____

Previous Schools Attended (Dates and Grade): _____

Family Information

Father's Name: _____

Address: _____
(if different from above)

E-mail: _____ Country of Birth: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Education: High School _____ College _____ Grad School _____

Mother's Name: _____

Address: _____
(if different from above)

E-mail: _____ Country of Birth: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Education: High School _____ College _____ Grad School _____

