

**ACADEMIC COUNSELING SERVICES, INC.
REGISTRATION FORM**

Student Information

Name:	
Address:	
City, Zip:	
Telephone Number:	
Cell Phone:	
Fax:	
E-mail:	
Social Security Number:	
Date of Birth:	

Parent/Guardian and Family Information

Mother	Father
Name:	Name:
Email:	Email:
Address (if different):	Address (if different):
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Work Phone:	Work Phone:
Student resides with:	
List all siblings and their ages:	

School Information

School Presently Attending: _____
 Grade Level: _____
 School Advisor: _____

Other Information

Referred By: _____
 Names, titles, and telephone numbers of any professionals involved:
