

# Student's School Information Sheet

Full Name  Date of Birth  Age  Sex  M  F

Parent/Guardian's name <input type="text"/>	Parent/Guardian's name <input type="text"/>
Home Phone <input type="text"/> Work Phone <input type="text"/>	Home Phone <input type="text"/> Work Phone <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
City <input type="text"/>	City <input type="text"/>
Province <input type="text"/> Postal Code <input type="text"/>	Province <input type="text"/> Postal Code <input type="text"/>

## School Background

PEN #

Last School Attended <input type="text"/>	Other School Attended <input type="text"/>
Phone <input type="text"/> Fax <input type="text"/>	Phone <input type="text"/> Fax <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
City <input type="text"/>	City <input type="text"/>
Province <input type="text"/> Postal Code <input type="text"/>	Province <input type="text"/> Postal Code <input type="text"/>

## Grade and Course Information

Last Grade Completed  School

Last Grade Started  School

Last Course/s Completed

Courses Partially Completed

Any relevant school information/learning disabilities/difficulties/subject phobias: