A. W. BEATTIE CAREER CENTER

STUDENT INFORMATION VERIFICATION

2011-2012

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 PG (Please circle)

Expected Graduation Year 20 __ __

Team Level - Mark if this is your 1st, 2nd, 3rd or 4th year @ Beattie

1 ☐ 2 ☐ 3 ☐ 4 ☐

PLEASE PRINT ALL INFORMATION CLEARLY

Sex:
☐ Male
☐ Female

Street Address

City | State: Pennsylvania | Zip

Parent Phone Numbers

_____(home)
_____(cell)
_____(work)

Race: (Circle One)

1 American Indian
2 Asian or Pacific Islander
3 Black
4 Hispanic
5 White
6 Multi-Racial

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

Insert Year of Birth

Birth Date: Month _____ Date _____ Year 19 _ _