



SECONDARY/EMERGENCY CONTACT INFORMATION

: \_\_\_\_\_ : \_\_\_\_\_  
: \_\_\_\_\_ : \_\_\_\_\_, : \_\_\_\_\_  
: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

ACADEMIC GOALS

: \_\_\_\_\_  
( \_\_\_\_\_ )  
GED

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HOW WOULD YOU DESCRIBE YOUR PROFICIENCY IN MATH?

NOT \_\_\_\_\_

( \_\_\_\_\_ ):

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AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Pursuant to my signature below, I hereby (a) authorize the Program Parties to inspect and copy any academic, attendance, disciplinary and/or name