



STUDENT INFORMATION

Student Name (Last) _____ (First) _____ (Middle) _____

Birthdate _____ Age _____ Gender _____

Home Address _____

(City) _____ (State) _____ (Zip) _____

Cell phone _____ Email _____

School _____ Current (2020-21) Grade Level _____

Activities/Interests _____

Current GPA *(Please attach copy of most recent transcript):* _____

PARENT/GUARDIAN INFORMATION

Name _____ Check if custodial parent/guardian

Home Address (if different than student) _____

(City) _____ (State) _____ (Zip) _____

Telephone (Home) _____ (Office) _____ (Cell) _____

Email _____

Name _____ Check if custodial parent/guardian

Home Address (if different than student) _____

(City) _____ (State) _____ (Zip) _____

Telephone (Home) _____ (Office) _____ (Cell) _____

Email _____

The undersigned Parent/Legal Guardian authorizes the school listed above to release information requested to the Compass Academy Network:

Signature _____ Date / / _____

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