

SCHOOLS TO KNOW

363 Shaker Road Canterbury, NH 03224

REGISTRATION FORM

Student's Name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____ Date of Birth: _____

Referred by: _____

School presently attending and present grade: _____

GPA CUM: _____

Parent(s):

Mother's Name: _____

Home Address (if different): _____

Occupation/Employer: _____

Home phone: _____ Work phone: _____

Email &/or Fax: _____

Father's Name: _____

Home Address (if different): _____

Occupation/Employer: _____

Home phone: _____ Work phone: _____

Email &/or Fax: _____

Other significant family member (e.g. step-parent): _____

Student resides with: _____

Sibling/Ages: _____

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Student's Name: _____

Please circle either: P, PVT or H under "type" indicating whether the school is:

P=Public, PVT=private, independent or non-public, or H=home schooling.

GRADE	SCHOOL	TYPE	YEARS ATTENDED	STATE	COUNTRY
Kindergarten		P/PVT/H			
Grade School		P/PVT/H			
		P/PVT/H			
		P/PVT/H			
Middle School		P/PVT/H			
		P/PVT/H			
		P/PVT/H			
High School		P/PVT/H			
		P/PVT/H			
		P/PVT/H			

LIST ANY GRADES SKIPPED: _____

LIST ANY GRADES REPEATED: _____

LIST ALL SUMMER CLASSES AND GRADES ATTENDED AT THE TIME:

CLASS: _____ GRADE: _____

CLASS: _____ GRADE: _____

CLASS: _____ GRADE: _____

LIST TWO FAVORITE TEACHERS AND THEIR SUBJECTS:

WHAT KIND OF TESTING/EVALUATION HAS STUDENT HAD?

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STUDENT HAS TAKEN WHICH TESTS?

Test	✓ If student has taken	Score
SSAT		
PSAT		
SAT I		
SAT II		
PACT		
ACT		
OTHER		

TRANSCRIPT: Enclosed Being Sent

TESTING/EVALUATION: Enclosed Being Sent