

STUDENT INFORMATION FORM

Please fill out this form along with the appropriate consent form and return to the Upper School ERP office

NAME _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

HOME PHONE: _____

EMAIL ADDRESS: _____

BIRTH DATE: _____

ACT ID (if this is for the ACT): _____

DATE REGISTERED FOR TEST (specifically for ACT) _____

*Please note below if you are asking for approved accommodations other than extended time 1.5X