

Lorraine's Academy Enrollment Questionnaire

First name (please print clearly) middle initial Last name

Street address Apartment number

City State Zip code

(____) _____ (home, cell, work) (____) _____ (home, cell, work)

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PLEASE NOTIFY US IF PHONE NUMBERS CHANGE OR IF YOU MOVE. WE MAY NEED TO CONTACT YOU !!!

Email address (print carefully): _____ Social security # ____ - ____ - _____

Email address (print carefully): _____ (alternate email address)

Birth day ____/____/____ Age ____ Sex ____

Race: ____ White, non-Hispanic ____ Black, non-Hispanic ____ Hispanic ____ Native American or Alaskan

____ Asian or Pacific Islander ____ Other _____

EDUCATION Attempted: ____ High School, ____ Post secondary (any college, vo tech or trade) ____ Grad school (after BA)

____ HS Grad ____ GED ____ No Diploma or ____ GED Grade completed ____ Passed ATB Test ____ College degree _____

HS Name _____ I am currently enrolled in High School ____ I am *not* currently enrolled in High School

____ This is the *first time* I have enrolled in any school since High School.

____ I have enrolled at Lorraine's Academy before. Year left ____ Hours completed ____ Program _____

I have attended these schools after High School _____

Dependents: ____ # of dependents ____ # that live with you Ages: _____

Childcare plans during school : _____

Back up plan for childcare: _____

Housing while in school : ____ with parents ____ not with parents. I live about ____ miles from school. Over 50 miles? Y or N

My address is : ____ Urban ____ Suburban ____ Rural (we have a chart)

Marital Status: ____ Single ____ married ____ Separated ____ Divorced ____ Widowed

Annual Income: \$ _____

I am considered: ____ Dependent or ____ Independent ____ I am Head of Household