



COOP/HSPPT



WALK-IN STUDENT APPLICATION

SCHOOL NOTE: KEEP A COPY OF THIS FORM UNTIL MARCH 31, 2023.

First Name: _____

Last Name: _____

Date of Birth:

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m m d d y y y y

Number, Street, Apt./Floor: _____

City: _____ State

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 Zip

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Phone: _____

Gender: **M** **F** (Circle one)

Parent Email: _____

Parent Last Name: _____
(if different)

**SCHOOLS WHERE REPORTS SHOULD BE SENT. SEE INSTRUCTIONS IN STUDENT HANDBOOK
SCHOOL CHOICES ARE NOT IN PREFERENCE ORDER**

SCHOOL NAME _____ SCH. CODE

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SCHOOL NAME _____ SCH.CODE

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SCHOOL NAME _____ SCH. CODE

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DO NOT WRITE BELOW THIS LINE. FOR SCHOOL USE ONLY

ASSIGNED STUDENT ID

5					
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First digit is 5

Next three digits are test site number

Last two digits are sequential for each student beginning with 01

A COPY OF THIS FORM MUST BE INCLUDED IN THE UPS RETURN BOX.