



COOP



COOP EXAM REGISTRATION INFORMATION WORKSHEET

This form may be used for gathering information necessary for online registration.

Please print all information.

First Name: _____

Last Name: _____

Date of Birth:

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Address: _____

Apt. # _____

City: _____ State

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 Zip

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Phone: _____

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

Parent Email: _____

Parent Last Name: _____
(if different)

HIGH SCHOOL CHOICES. SEE INSTRUCTIONS IN STUDENT HANDBOOK.

1st _____ SCH. NUMBER _____

2nd _____ SCH. NUMBER _____

3rd _____ SCH. NUMBER _____