



COOP



WALK-IN STUDENT APPLICATION

Please print all information.

First Name: _____

Last Name: _____

Date of Birth:

--	--	--	--	--	--	--	--

m m d d y y y y

Address: _____

Apt. # _____

City: _____ State

--	--

 Zip

--	--	--	--	--

Phone: _____

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

Parent Email: _____

Parent Last Name: _____
(if different)

SCHOOLS WHERE REPORTS SHOULD BE SENT. SEE INSTRUCTIONS IN STUDENT HANDBOOK

1st _____ SCH. NUMBER _____

2nd _____ SCH. NUMBER _____

3rd _____ SCH. NUMBER _____

DO NOT WRITE BELOW THIS LINE. FOR SCHOOL USE ONLY

ASSIGNED STUDENT ID

5					
---	--	--	--	--	--

First digit is 5

Next three digits are test site number

Last two digits are sequential for each student beginning with 01