



# Student Profile Form

Please print neatly. Complete and return form to your ACCA Academic Counselor no later than August 25, 2017.

NAME \_\_\_\_\_

DOB \_\_\_\_\_ Current Grade \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Where do you attend school? \_\_\_\_\_ Who is your Counselor? \_\_\_\_\_

Email Address \_\_\_\_\_ Guardians' Email Address \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

Home address: \_\_\_\_\_

Do you plan to attend a College or University? (Please circle one)      Yes      No

Have you taken the SAT of the ACT?      Yes      No

Do you desire additional assistance with formalizing your short term and long term goals?      Yes      No

Do you have any medical conditions that we need to be aware of?      Yes      No

If yes, please describe: \_\_\_\_\_

What is your current GPA? \_\_\_\_\_

Please list no less than 3 colleges or universities that you would like to attend or list other post-secondary options.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Will you be using APS transportation to attend ACCA?      Yes      No