



Atlanta Technical College 1560 Metropolitan Parkway SW, Atlanta, GA 30310 Phone: (404) 225-4078

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 Numb	oer			
Home Number	ome Number Alternate Number					
Where do you attend school?		Who is your Counselor?				
Email Address		Guardians' Email Ad	dress			
Mother/Guardian	ther/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 SA	AT of the ACT?	Yes No				
Do you desire additio	nal assistance with formal	lizing your short term an	dlongterm goals	s? Yes	No	
Do you have any med	ical conditions that we ne	ed to be aware of? Yes	s No			
If yes, please describe	2:					
What is your current (GPA?					
Please list no less that	n 3 colleges or universitie	s that you would like to a	attend or list othe	r post-seconda	ry options.	
1						
3						
Will you be using APS	transportation to attend	ACCA? Yes	No			

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