

# Cleburne TEAM High School

## Janice Evers Campus

.....*Make a Date to Graduate!*

Date \_\_\_\_\_

### Student Information

Name	Date of Birth	/	/	Age
ID#	Grade	Sex		
Address	S.S.#			
Home Phone#	Cell Phone #			

### Parent Information

Mother's Name	Father's Name
Address	Address
Home Phone#	Home Phone#
Cell Phone#	Cell Phone#

### Living With – Check One

One / Both Parents <input type="checkbox"/>	Relative <input type="checkbox"/>	Spouse <input type="checkbox"/>	Alone <input type="checkbox"/>
---	-----------------------------------	---------------------------------	--------------------------------

### Academic Record

Have you ever repeated a grade in high school? If yes, which grade?
Have you failed a class in high school? If yes, which class?
What are your plans after high school?
<b>Check the type of classes that you have taken:</b> <input type="checkbox"/> Regular classes <input type="checkbox"/> Special Education <input type="checkbox"/> ESL or Bilingual

### Health

<b>Check the following if it applies:</b> <input type="checkbox"/> Diabetic <input type="checkbox"/> Insulin Dependant <input type="checkbox"/> Asthma <input type="checkbox"/> Carry Inhaler
What medications do you take regularly?
Have you ever been admitted to a drug and / or alcohol rehabilitation center?
If yes , what facility?

### Faculty Referral: Comments

Date faxed

Signature:	
------------	--