

UPWARD BOUND STUDENT DATA SHEET

Date _____

Last Name (Print)

Social Security #

Name (Last) (First)

Address (Street) (Zip)

School Grade D.O.B.

NAME OF PARENT(S):

FATHER _____

MOTHER _____

Home Telephone Number _____

Home Telephone Number _____

Work Telephone Number _____

Work Telephone Number _____

Emergency Contact Person and Telephone Number _____

Name of School Counselor _____

Have you passed the Ohio Graduation Test? _____ Yes _____ No _____ Have Not Taken Yet

*If taken, which parts have you passed?

Reading _____ Mathematics _____ Writing _____ Social Studies _____ Science _____

COURSES		TEACHER
Bell 1		
Bell 2		
Bell 3		
Bell 4		
Bell 5		
Bell 6		
Bell 7		
Bell 8		

List your most difficult academic subjects. Briefly explain what help you will need from the Upward Bound Saturday Academic Enrichment Classes this year. (Use back of paper if necessary).
