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 ☐	Relative ☐	Spouse ☐	Alone ☐

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?

Check the type of classes that you have taken:

☐ Regular classes ☐ Special Education ☐ ESL or Bilingual

Health

Check the following if it applies:

☐ Diabetic ☐ Insulin Dependant ☐ Asthma ☐ Carry Inhaler

What medications do you take regulary?

Have you ever been admitted to a drug and / or alcohol rehabilitation center?

If yes , what facility?

Faculty Referral: Comments	**Date faxed**
Signature:	