

**Student Registration Form for The College Consulting Package**

Student Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Contact Information:

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Cell#: \_\_\_\_\_

Email address: \_\_\_\_\_

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

\_\_\_\_\_

Current School and Year: \_\_\_\_\_

College Choices \_\_\_\_\_ Intended Major(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current GPA/Class Rank \_\_\_\_\_

Previous PSAT/SAT /ACTscores:

PSAT- date- CR\*= Math= Writing= Total= \_\_\_\_\_

SAT- date- CR\*= Math= Writing= Total= \_\_\_\_\_

SAT- date- CR\*= Math= Writing= Total= \_\_\_\_\_

ACT- date- Composite Score= \_\_\_\_\_

**\*CR= Critical Reading**

Month and year you would like to begin \_\_\_\_\_

<p>I release the results of my student's testing and college planning to each of the educational partners providing the The College Consulting Package so they will be able to collaborate on his/her behalf.</p> <p>Parent's signature _____</p> <p>Student's signature _____</p> <p>(Required if over 18 years old)</p>
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