

COOL: Student Information Sheet 2013-2014

Please complete all sections of this form. If a section is not applicable please write N/A.

Name: _____ Last Four Digits of Social Security Number: xxx-xx-_____

Gender: Male Female DOB: _____ AHS CHS ATEMS

Classification: Fresh. Soph. Jr. Sr.

Ethnicity:

Caucasian African-American American-Indian Hispanic Asian/Pacific Islander

Other: _____

U.S. Citizen? Yes or No Alien Registration Number: _____

GPA: _____ Class Rank: ____/____ SAT: _____ ACT: _____

Home Address: _____

Student Cell Phone: _____ Student Email: _____

Mother/Guardian: _____ Phone: _____ Occupation: _____

Father/Guardian: _____ Phone: _____ Occupation: _____

Did either parent graduate from a four-year college?

Mother: Y or N College: _____ Degree: _____

Father: Y or N College: _____ Degree: _____

Please indicate your family's adjusted gross income from last year's tax return.

Under \$25,000 \$25,000 to \$40,000 \$40,000 to \$55,000 Over \$60,000

Please note, by signing the following statement you are giving the Abilene Education Foundation, an educational outreach program, permission to track your post-secondary education through the use of your social security number. Your individual/personal information, including current post-secondary enrollment status, will NOT be distributed to any outside party including AISD. The use of post-secondary tracking for COOL participants is for internal use only.

Student Signature : _____

Date: __/__/__

Parent Signature : _____

Date: __/__/__

If student is under the age of 18, please provide parent signature