

**ACADEMIC COUNSELING SERVICES, INC.  
BOARDING SCHOOL REGISTRATION FORM**

**Student Information**

Name:	
Address:	
City, Zip:	
Telephone Number:	
Cell Phone:	
Fax:	
E-mail:	
Social Security Number:	
Date of Birth:	

**Parent/Guardian and Family Information**

<b>Mother</b>	<b>Father</b>
Name:	Name:
Email:	Email:
Address (if different):	Address (if different):
Cell Phone:	Cell Phone:
Occupation:	Occupation:
Work Phone:	Work Phone:
Student resides with:	
List all siblings and their ages:	

**School Information**

School Presently Attending: \_\_\_\_\_

Grade Level: \_\_\_\_\_

School Advisor: \_\_\_\_\_

**Other Information**

Referred By: \_\_\_\_\_

Names, titles, and telephone numbers of any professionals involved:

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