

Antonoff Associates, Inc., Educational Consulting

CLIENT DATA

I. STUDENT INFORMATION

Name _____

Address _____

City, State, Zip _____

Home Telephone _____ Cell Phone _____

Date of Birth _____ Email _____

2. FAMILY INFORMATION

Parent/Guardian

Name _____ Relation _____

Address _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

College Attended _____ Degree _____

Professional or Graduate School Attended _____ Degree _____

Parent/Guardian

Name _____ Relation _____

Address _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

College Attended _____ Degree _____

Professional or Graduate School Attended _____ Degree _____

Brothers and Sisters

<u>Name</u>	<u>Age</u>	<u>School or College</u>	<u>Occupation</u> (other than student)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. SCHOOLING

List each school you attended after elementary school.

<u>School or College</u>	<u>City and State</u>	<u>Dates of Attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. HIGH SCHOOL AND TEST SCORE INFORMATION

- A. Year of High School Graduation _____
- B. Approximate High School G.P.A. (weighted) _____
Approximate High School G.P.A. (unweighted) _____
- C. Rank (if available) ___ of ___ Number in Graduating Class _____
- D. Results of tests taken to date:

	<u>Date Taken</u>	<u>Score</u>
PSAT	_____	EBRW _____ M _____
PreACT	_____	E _____ M _____ R _____ SCI _____ Comp _____
SAT	_____	EBRW _____ M _____
ACT	_____	E _____ M _____ R _____ SCI _____ Comp _____

5. MAJOR ACTIVITIES

6. WHOM MAY WE THANK FOR REFERRING YOU TO US?
