



SAVANNAH
EDUCATIONAL
CONSULTANTS, LLC

DATE: _____

Student Information Sheet

| | | | |
|-----------------|-----------------|----------|---------------|
| First Name | Last Name | Nickname | Date of Birth |
| School | Graduation Year | | |
| Home Address | | | |
| City | State | Zip | |
| Home Phone | Cell Phone | Carrier | |
| Student's email | | | |

Parents' Marital Status: Married _____ Separated _____ Divorced _____ Remarried _____

Mother:

| | | | |
|---------------------|------------|------------|---------|
| Name | | | Email |
| Address | | | |
| Home Phone | Work Phone | Cell Phone | Carrier |
| Occupation | | Employment | |
| College(s) Attended | | | |

Father:

| Name | Email |
|------|-------|
|------|-------|

**130 Tibet Avenue • Suite 103 • Savannah, Georgia
31406 (912) 238-9552 • (912) 238-9533 (fax)
www.savannaheducationalconsultants.com**

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Carrier _____

Occupation _____

Employment _____

College(s) Attended _____

Sibling Information:

Name _____

Date of Birth _____

School _____

Name _____

Date of Birth _____

School _____

Name _____

Date of Birth _____

School _____

Name _____

Date of Birth _____

School _____

ADDITIONAL INFORMATION:

List all previous schools and grades attended: _____

Has the student taken the PSAT/ACT/SAT? YES/NO

If yes when? _____

Scores? _____

OPTIONAL CONFIDENTIAL INFORMATION:

This information will help us to get to know the student better and may be relevant when applying to colleges.

Does the student have any medical condition? YES/NO

If yes, please specify. _____

Has the student ever been hospitalized: YES/NO

If yes, please specify. _____

Has the student been tested by a Psychologist or Psychiatrist? YES/NO _____

If yes who? _____

When? _____

Does the student have a Learning Disability or Attention Deficit Disorder? YES/NO _____

Does the student receive accommodations at school? YES/NO

If yes, please specify _____

Does the student have emotional or behavioral problems? YES/NO

Does the student take any medication? YES/NO

Has the student been treated by a psychologist or Psychiatrist? YES/NO _____

If yes who? _____

When? _____

Any Other information you would like to share.