

CVMC STUDENT DATA FORM

Student's Full Name: _____ Birth Date: _____

Current High School: _____

Street Address: _____

City: _____ County: _____ State: _____

Phone: _____

Parent's or Guardian's Name, Address, and Phone:

Father's or Guardian's Occupation: _____

Employer: _____

Mother's or Guardian's Occupation: _____

Employer: _____

Siblings – Ages and School Attending and Grade Placement:

ACT/SAT Score: _____ G.P.A.: _____ Class Rank: _____

School Related Activities and Offices Held:

Community and Church Activities and Offices Held:

Honors and Awards Received during High School:

Past and Present Work Experiences (Include length of time and job held):

Choice of School and Address:

Applied? _____ Accepted? _____

Major and Minor Interest of Study: _____

Date: _____ Signature: _____