



Student Information

Student Information

Date: _____

First Name: _____ Last Name: _____ Birth Date: _____

Phone #: _____ Email: _____

School Name: _____ Grade or HS Grad Year: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

How did you hear about C2: Referred By: _____

Sibling(s) Name(s) & Grade(s): _____

Parent/Guardian Information

Mother/Guardian Name: _____

Cell Phone: _____ Email: _____

Occupation/Employer: _____

Father/Guardian Name: _____

Cell Phone: _____ Email: _____

Occupation/Employer: _____

Academic Information

Student's GPA Unweighted: _____ Weighted: _____

Does the student require a testing accommodation? Y N

Select all that apply:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Math | <input type="checkbox"/> DSAT |
| <input type="checkbox"/> Reading | <input type="checkbox"/> DPSAT |
| <input type="checkbox"/> Writing | <input type="checkbox"/> ACT |
| <input type="checkbox"/> SSAT/ISEE | <input type="checkbox"/> APs |
| <input type="checkbox"/> CogAT | <input type="checkbox"/> College Application/ College Essay |
| <input type="checkbox"/> Languages | <input type="checkbox"/> TOEFL |

FOR OFFICE
USE ONLY

Diagnostic Test Date: _____

Diagnostic Conference Date: _____

We value your privacy and will never share or disclose your information to any third parties. By providing this information, you agree to be contacted by us regarding C2 Education's services. You may decide at any time to revoke this permission.