

Date Completed: _____

Date Received: _____

COLLEGE/POST SECONDARY PLANNING WORKSHEET

Student Name: _____ SHS ID # _____

Parent/Guardian (s) Name: _____ Best Contact # _____

Student's E-Mail: _____

CONFIRMATION E-MAIL. Please note: We will send information regarding scheduling this appointment to this e-mail - _____

Who is completing this form? _____ Student _____ Parent/Guardian(s) _____ Both

FAMILY BACKGROUND: What is the status of your parent/guardian(s)?

_____ Married to each other _____ Divorced/Separated _____ Deceased Parent _____ Remarried

Did Parent /Guardian#1 attend college? ___Yes ___No; *Is this your* _____ Father _____ Mother _____ Stepparent _____ Guardian

If "Yes", what undergraduate school (include non-US, too)? _____

What is his/her occupation? _____

Did Parent/Guardian #2 attend college? ___Yes ___No; *Is this your* _____ Father _____ Mother _____ Stepparent _____ Guardian

If "Yes", what undergraduate school? (include non-US, too) _____

What is his/her occupation? _____

Do you have a religious preference? _____

What is the primary language spoken at home? _____

Please list your brothers and sisters, their ages, and their level of education (including name of school):

<u>Name</u>	<u>Age</u>	<u>Education</u>

TYPE OF COLLEGE: _____ Trade/Vocational School _____ Two-Year _____ Four-Year
(Student Preference)

_____ Public _____ Private _____ Coed _____ Single-sex

UNDERGRAD ENROLLMENT: _____ <2,000 _____ 10,000-15,000

(Check all that apply) _____ 2,000-5,000 _____ 15,000-20,000

_____ 5,000-10,000 _____ >20,000

LOCATION: _____ New England _____ South _____ Mid-Atlantic

(Check 1 or 2) _____ Midwest _____ West _____ Southwest

Indicate specific states in which you are interested:

POPULATION SETTING OF COLLEGE:

_____ Rural/College Town (fewer than 20,000 residents)

_____ Suburban (20,000 - 250,000 residents)

_____ Urban (greater than 250,000 residents)

COST: Place an "X" on the continuum below:

Very Important

Neutral

Not Important

