

**School District 145 – LIFE Program
STUDENT INFORMATION**

Please answer the questionnaire fully.

Date: _____

Student's Name: _____

Gender: _____

Birth date: _____

Phone #: _____

Address: _____

Phone #: _____

City, Zip _____

Father's name/Guardian name: _____

Place of Work: _____

Work #: _____

Mother's name/Guardian name: _____

Place of Work: _____

Work #: _____

Do you plan to graduate? YES / NO

When? _____

Student's Signature

Date