

Student Information

Name: First		Middle	Last	Nickname
Birthdate	Age	Gender	Email Address	
Street Address		City	State	Zip
Home Phone	Cell	Current School	Year of Graduation	

Parent 1 Information

First		Middle	Last	Nickname
Street Address		City	State	Zip
Home Phone	Cell	Email		
Occupation		Colleges Attended/Degrees		

Parent 2 Information

First		Middle	Last	Nickname
Street Address		City	State	Zip
Home Phone	Cell	Email		
Occupation		Colleges Attended/Degrees		

Why are you interested in using independent college consulting services for your son/daughter?

Does your son or daughter have any particular interests, skills, or challenges you would like me to know about?

Additional Information you would like me to know.

How did you learn about College Kupp/Ellen Koppersmith?
