

1. STUDENT INFORMATION

State Assigned Student ID # (SASID) _____

First Name _____ MI _____ Last Name _____

Birth Date _____ Gender Male Female

Ethnicity: African American Native American Anglo
 Asian/Pacific Islander Hispanic/Chicano/Latino/Mexican American

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address 1 _____

Email Address 2 _____

Do you participate in the free/reduced lunch program? Yes No

Do you have a disability? Yes No

Returning MESA Student Yes No

If yes, indicate grades you participated in MESA (list all that apply):

- | | | | |
|--------------------------|---|---|--|
| <i>Elementary School</i> | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 2 nd Grade |
| | <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 4 th Grade | <input type="checkbox"/> 5 th Grade |
| <i>Middle School</i> | <input type="checkbox"/> 6 th Grade | <input type="checkbox"/> 7 th Grade | <input type="checkbox"/> 8 th Grade |
| <i>High School</i> | <input type="checkbox"/> 9 th Grade | <input type="checkbox"/> 10 th Grade | |
| | <input type="checkbox"/> 11 th Grade | <input type="checkbox"/> 12 th Grade | |

2. PARENT INFORMATION

Parent/Guardian Name _____

Home Phone _____ Relationship _____

Email Address _____

Highest Level of Education Completed by Parent/Guardian

- | | |
|--|--|
| <input type="checkbox"/> Less Than High School | <input type="checkbox"/> High School Graduate/GED |
| <input type="checkbox"/> Some University/College | <input type="checkbox"/> Trade School |
| <input type="checkbox"/> University/College Graduate | <input type="checkbox"/> Master's/Doctorate Degree |
| <input type="checkbox"/> Don't Know | |

<p>MAKE SURE TO COMPLETE BACKSIDE OF FORM!</p>
