



INFORMATION FORM FOR COLLEGE CONSULTING

(Please complete all information front and back prior to initial appointment)

DATE: / /

STUDENT INFORMATION:

Student Name: _____ SS#: _____
(First) (Middle) (Last)

Mailing Address _____ CA
(Street) (City) (State) (Zip)

Home Phone: () _____ Cell Phone: () _____ Email: _____

Date of Birth: / / Place of Birth: _____
(Month) (Day) (Year) (City) (Country)

Citizenship: _____ Visa (if not US citizen): _____

Current School: _____ Graduation Year: _____

Address: _____

Phone Number: () _____ Guidance Counselor: _____

Previous Schools Attended (Dates and Grade):

_____ Date: _____ Grade: _____

_____ Date: _____ Grade: _____

FAMILY INFORMATION:

Student Lives with (check all that apply): Father Mother Stepfather
 Stepmother Guardian Other _____

Check any that apply Father deceased Mother deceased Parents divorced
 Parents separated Father remarried Mother remarried

Do you plan to apply for financial aid? Yes No Don't Know



FAMILY INFORMATION (continued):

Mother's Name: _____ Country of Birth: _____

Address (if different from student's): _____

Phone Home: () _____ Business: () _____ Cell: () _____

Occupation: _____ Employer: _____

Business Address: _____ Email: _____

College attended: _____ Degree: _____

Graduate school: _____ Degree: _____

Father's Name: _____ Country of Birth: _____

Address (if different from student's): _____

Phone Home: () _____ Business: () _____ Cell: () _____

Occupation: _____ Employer: _____

Business Address: _____ Email: _____

College attended: _____ Degree: _____

Graduate school: _____ Degree: _____

Siblings: (Name, Age and School)

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Religious Preference: _____ Place of Worship: _____

MACS Career and Education was referred by: _____