

Start_	End	N.A.L.B. HIG	H SCHOOL	Adv	isor	
1.	Name:			Date: _	Date:	
2.	Address:		City	State	Zip	
	Home#					
4.	Email address:			····	Age:	
5.	Date of Birth:					
6.	Emergency contact per	son name:				
7.	Emergency contact rela	ationship	Phone	e#		
8.	Are you employed? Ye	s No If yes, v	vhere?			
	How long?	Work hours: _	Full- time	e Part-tin	ne	
9.	Did you attend high school? Yes No Last grade completed					
10.	Name of last high scho	ol attended:				
11.	Average grades: A	_ B C D				
12.	Have you taken the GE	D class or test? Yes	No Did yo	ou pass? Yes	No	
13.	Have you ever taken a	ny home study course	es? Yes No	o Name o	f program:	
14.	Other schooling (if any))				
15.	. Have any of your friends or relatives attended NALB High School? Yes No					
	Marital status: Single _		_			
17.	Do you have children?	Yes No If yes	, how many? _	How old	d?	
	Transportation: Car	_	_			
19.	How did you find out	about NALB High S	chool? Interne	et Flyer _	Radio	
	Direct mail Friend	Admissions cour	selor Empl	oyment office	Other _	
0. List	t the reason why you want the future.		-	-		
Do	you need any other ser	vices, other than a h	gh school diplo	ma? Yes/No		