|  |  |
| --- | --- |
| **First Name(legal):** |  |
| **Middle Initial:** |  |
| **Last Name:** |  |
| **DOB:** |  |
| **Gender:** |  |
| **18/19 Grade Level:** |  |
| **UIC:** |  |
| **Parent/Guardian’s Name:** |  |
| **Home Phone Number:** |  |
| **Address:** |  |
| **City:** |  |
| **Zip:** |  |
| **Class Requested:** |  |
| **Second Choice:** |  |

|  |  |
| --- | --- |
| **Notes:** |  |
| **Does the student have an IEP?** |  |

|  |  |
| --- | --- |
| **Home School:** |  |
| **Counselor Name:** |  |
| **Date:** |  |

**Please complete and send to Lyndsay Smolarz**

**Option 1:** **smolarzl@coorisd.net**

**Option 2: (989)275-5881 (fax)**