

# STUDENT INFORMATION SHEET

DATE OF TEST: \_\_\_\_\_

## STUDENT INFORMATION:

NAME OF SCHOOL: \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_

STUDENT ID # OR SSN \_\_\_\_\_

GRADE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

## PARENT OR LEGAL GUARDIAN INFORMATION

CONTACT #1 NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_ HOME #: \_\_\_\_\_

CELL#: \_\_\_\_\_

WORK#: \_\_\_\_\_

CONTACT #2 NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_ HOME#: \_\_\_\_\_

CELL#: \_\_\_\_\_

WORK#: \_\_\_\_\_

I AUTHORIZE PINNACLE TO CONTACT MY PARENT OR LEGAL  
GUARDIAN

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SIGNATURE OF STUDENT

\_\_\_\_ / \_\_\_\_ /20  
DATE