



Student Information

Student's First Name (Legal Name)	Middle Initial	Student's Last Name (Legal Name)	Birthdate	Sex
Street Address	City	State	ZIP Code	
Name of Parent/Guardian That Provided Home Education (First, Last)		Parent Telephone	Date of Completion (mm/yyyy)	

School Name		School Telephone	
School Street Address	City	State	ZIP Code

[illegible]

Cumulative Summary	Total Credits	Cumulative GPA

Affix ACT Label Here or send WorkKeys test results to DPI

State	County
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Signed and sworn to (or affirmed) before me on	Date	Affix Notary Stamp
Names(s) of individual(s) Making Statement		
Signature of Notary Public or Other Authorized Officer		

Commission Expiration Date (if not listed on stamp)	
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