



COOP/HSPPT



WALK-IN STUDENT APPLICATION

SCHOOL NOTE: KEEP A COPY OF THIS FORM UNTIL MARCH 31, 2022.

First Name: _____

Last Name: _____

Date of Birth:

m	m	d	d	y	y	y	y

Number, Street, Apt./Floor: _____

City: _____ State

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 Zip

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Phone: _____

Gender: M F (Circle one)

Parent Email: _____

Parent Last Name: _____
(if different)

SCHOOLS WHERE REPORTS SHOULD BE SENT. SEE INSTRUCTIONS IN STUDENT HANDBOOK

1st _____ SCH. CODE

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2nd _____ SCH. CODE

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3rd _____ SCH. CODE

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DO NOT WRITE BELOW THIS LINE. FOR SCHOOL USE ONLY

ASSIGNED STUDENT ID

5					
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First digit is 5

Next three digits are test site number

Last two digits are sequential for each student beginning with 01

A COPY OF THIS FORM MUST BE INCLUDED FOR ALL WALK-IN STUDENTS IN THE UPS RETURN BOX.