



# RUNNING START INTAKE FORM

Date \_\_\_\_\_

1. What grade are you in? (Students must be juniors or seniors) \_\_\_\_\_
2. How did you hear about us? \_\_\_\_\_
3. What quarter are you planning on attending?  Fall  Winter  Spring
4. What school do you attend? \_\_\_\_\_
5. What school district do you live in? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Preferred Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender:  Male  Female Gender Identity:  Male  Female  X

Preferred Gender Pronoun:  She/Her  He/His  They/Theirs

Street Address: \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Mailing address (if different than above) \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell \_\_\_\_\_

Email \_\_\_\_\_

Parent Email \_\_\_\_\_

Info Session Date: \_\_\_\_\_

OFFICE STAFF: SID Number: \_\_\_\_\_