

**GEORGETOWN HIGH SCHOOL - CAREER CENTER**  
**STUDENT INFORMATION SHEET**

\_\_\_\_\_ Semester \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom # \_\_\_\_\_ Block \_\_\_\_\_ Course \_\_\_\_\_

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Student's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother Employed By: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Father Employed By: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Alternate Person to Contact  
 in Case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Student's Schedule:**

	Course	Rm. #	Teacher
1st Block:			
2nd Block:			
3rd Block:			
4th Block:			

Lunch: (Circle One)      A      B      C

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Are you currently working? Yes or No If yes, where? \_\_\_\_\_

How many hours daily? \_\_\_\_\_

Do you expect to go to college? Yes or No If yes, where? \_\_\_\_\_

What career do you plan to go in when you have completed school? \_\_\_\_\_