

**Christina In-School Credit Program  
Intake Form FY21**

Date: \_\_\_\_\_

In-School Site (check one):  Christiana  Newark  Glasgow  SPA

Name: \_\_\_\_\_  
*Last First MI*

Home Address: \_\_\_\_\_  
*(Mailing Address/PO Box) APT # City State Zip Code*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ DE K-12 Student ID# \_\_\_\_\_

|                   |                   |                        |
|-------------------|-------------------|------------------------|
|                   |                   |                        |
| <i>Home Phone</i> | <i>Cell Phone</i> | <i>Emergency Phone</i> |

Email Address: \_\_\_\_\_ Gender (Check one)  Female  Male

Employment:  Employed  Not Employed  Not Looking or Not Eligible

Are you an English as a Second Language Learner?  No  Yes

*CSD Counselor Only:*  
**Counselor Name:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_  
**Course Needed #1:** \_\_\_\_\_ **Year-Long (1/2 Credit)** **Semester (1 Credit)**  
**Course Needed #2:** \_\_\_\_\_ **Year-Long (1/2 Credit)** **Semester (1 Credit)**  
**Course Needed #3:** \_\_\_\_\_ **Year-Long (1/2 Credit)** **Semester (1 Credit)**

*Please complete the table below based upon the STUDENT and not the parent and/or guardian.*

| ETHNICITY AND RACE   | STATE/FEDERAL ASSISTANCE   | FAMILY INFO (Are You?)   |
|--|--|--|
| <p><b>1) Check one:</b></p> <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><p><b>2) Check all that apply:</b></p> <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> White | <p><b>Check all that apply:</b></p> <input type="checkbox"/> None<br><input type="checkbox"/> IEP<br><input type="checkbox"/> Assistance for food<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> SSI<br><input type="checkbox"/> Unemployment Insurance<br><input type="checkbox"/> TANF / Cash Assistance<br><input type="checkbox"/> WIC | <p><b>Check one:</b></p> <input type="checkbox"/> Single Parent<br><input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Married with Children<br><input type="checkbox"/> Homeless Foster Child |

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_