



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: _____

Courses Needed: _____ 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?) |
|--|--|--|
| 1) Check one: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <hr/> 2) Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White | Check all that apply: <input type="checkbox"/> None <input type="checkbox"/> IEP <input type="checkbox"/> Assistance for food <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> TANF / Cash Assistance <input type="checkbox"/> WIC | Check one: <input type="checkbox"/> Single Parent <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married with Children <input type="checkbox"/> Homeless Foster Child |

Student Signature _____ Date: _____