

Guidance Department
STUDENT PERSONAL FACT SHEET

Student's Full Legal Name _____
Last First Middle

Permanent Address _____
Number & Street City State Zip

Home Phone _____ Email _____
Date of Birth _____ Birthplace _____ Social Security # _____ - _____ - _____
month/day/year city/state/country

Student Work Experience:

1. _____
Name of Company Business Address Dates of Employment
2. _____
Name of Company Business Address Dates of Employment

Extracurricular activities, hobbies, interests, travel experiences:

Parent/Guardian Information:

Parent 1:

Name	Occupation	Employer	1st Educational Institution	Degree (Undergrad/Grad?)
2nd Educational Institution	Degree (Undergrad/Grad?)	3rd Educational Institution	Degree (Undergrad/Grad?)	

Parent 2:

Name	Occupation	Employer	1st Educational Institution	Degree (Undergrad/Grad?)
2nd Educational Institution	Degree (Undergrad/Grad?)	3rd Educational Institution	Degree (Undergrad/Grad?)	

Sibling(s):

Name	Educational Institution	Year in studies/Graduate?
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Name	Educational Institution	Year in studies/Graduate?
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Name	Educational Institution	Year in studies/Graduate?
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Please return completed form to:

Landmark School
Registrar's Office
P.O. Box 227
Prides Crossing, MA 01965