ATLANTA PUBLIC SCHOOLS

School of Technology - The New Schools at Carver

Student Data Form

Advisor _____

(*Please Print*)

Student Name_____
Last First M.I.

Address_____ APT#_____

City_____ State _____ ZIP Code_____

Parents/Guardian Name (print)_____ Relationship_____

Home Phone_____ Work Phone_____

Cell Phone _____ Other _____

Former Middle School_____

____ Male ____ Female Date of Birth _____

Locker Number _____ Locker Combination _____ - _____ - _____

Lock Number _____ Receipt Number $6 _____

Computer Username _____ Computer At Home (Yes _____ No _____)

Computer Password _____ Internet Access At Home (Yes _____ No _____)

CSOT Email Address _____ Type of access (Dial-up _____ Cable _____ DSL _____)

Acceptable Use Policy (Yes ____ No ____) Laptop Number _____ (001-120)

Transportation:

APS Bus _____ Bus Number _____

MARTA _____ Walk _____ Parent/Car _____

Project GRAD Scholarship Covenant (Return Date _____)

9th Grade PSAT Data

Critical Reading _____ Math _____ Writing _____ Did not take _____

10th Grade PSAT Data

Critical Reading _____ Math _____ Writing _____ Did not take _____