



Buhl High School College Attendance Form

Class of 2016

Student Information

Student Name: _____ Date: _____

Last *First* *M.I.*

Student Social Security Number: _____

Student Address: _____

Student Phone #: _____

College Information

Name of College: _____

Address: _____

Street Address *Suite #*

City *State* *ZIP Code*

Other College Information

Will you be a full-time or part-time student? Full-Time Part-Time

When will you start?

FALL* _____ *Year

WINTER* _____ *Year

SPRING* _____ *Year

Student Signature _____

DUE MAY 8th!