

INFORMATION SHEET

3

NAME LAST NAME FIRST NAME	
ETHNIC BACKGROUND	
EDUCATIONAL LEVEL	
WORKING STATUS	Male: _____ Female: _____
LANGUAGE SPOKEN	Male: _____ Female: _____
NUMBER AND TYPE OF BUSINESSES AND SERVICE BUSINESSES	
TELEPHONE	
SCHOOL BUS-CLASS OR TRANSPORTATION	
ADDRESS	
What do you want to be when you get out of this school?	
INTEREST	
TECHNICAL SKILLS	
TECHNICAL SKILLS	
TECHNICAL SKILLS	
TECHNICAL SKILLS	
TECHNICAL SKILLS	
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TECHNICAL SKILLS	
TECHNICAL SKILLS	
TECHNICAL SKILLS	
Additional information you would like us to know about you	
Additional information you would like us to know that might help you do better in this class	