

Adventures in Learning Personal Data Form

To be completed by parent or guardian

Mail with **ALL** materials as described in Application Procedures.

Applicant's name _____ Birthdate _____

School _____ Current grade _____

Parent or guardian _____

Employer & Occupation (*optional*) _____

Home address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

E-mail _____

(for AIL business use only)

Emergency contact _____ Phone _____

- I would consider hosting an AIL student.
- Send information on housing or potential host families.
- Send information about possible bus transportation from out of town.

For New Applicants Only

Criterion **A, B, or C** must be verified by a TAG Coordinator, school counselor, or school administrator.

Applications received without supporting evidence will not be processed.

Indicate pertinent information:

Test Name: _____

National %tile: Cognitive Total _____ Date administered _____

Test Name: _____

National %tile: Math Total _____ Date administered _____

Test Name: _____

National %tile: Reading Total _____ Date administered _____

School representative's signature: _____

Position: _____

- Criterion D applicant: reference forms will be sent to you.
- Home school student: Attach most recent copy of test results.