

FOR CI SENIORS



children internationalSM

Fax #: 501-663-5631

Email: fsmcmath@ualr.edu

Please complete this page and return it to our office by **April 30, 2017** in person or via fax/email.
PLEASE ATTEND, BUT WE'LL HONOR YOU REGARDLESS OF ATTENDANCE

Honoree Name: _____ Cell # _____

Address: _____
Street City State Zip Code

Email Address: _____ School: _____

Preferred Method of Contact (*select all that apply*)

Phone Call Text Mail Email Facebook Instagram

Parent Name: _____ Parent phone: _____

High School Achievements (*i.e. clubs, scholarships, sports, class rank, ACT score, etc.*)

- _____
- _____
- _____
- _____
- _____
- _____

Are you already employed? No Yes, Part Time Yes, Full-Time
If yes, where? _____

Future Plans (*check all that apply*)

I will...

Attend a college/university, trade school, or vocational-technical school
Name of school _____
City, State _____ Major/Trade _____

Work full-time directly after high school
Employer/Business name _____
Position _____

Join the military
Branch _____ Location _____

In 5 years, I see myself

RSVP for Senior Ceremony: YES, I will be attending No, I will not be able to make it.

1st Guest: _____ 2nd Guest: _____