

NEW TRIER JUNIOR INFORMATION FORM
POST-HIGH SCHOOL COUNSELING DEPARTMENT

I. Personal Data

Adviser

Name: _____
 First Last Middle

Prefer to be called (Nickname):

Home Address: _____
 Number & Street City

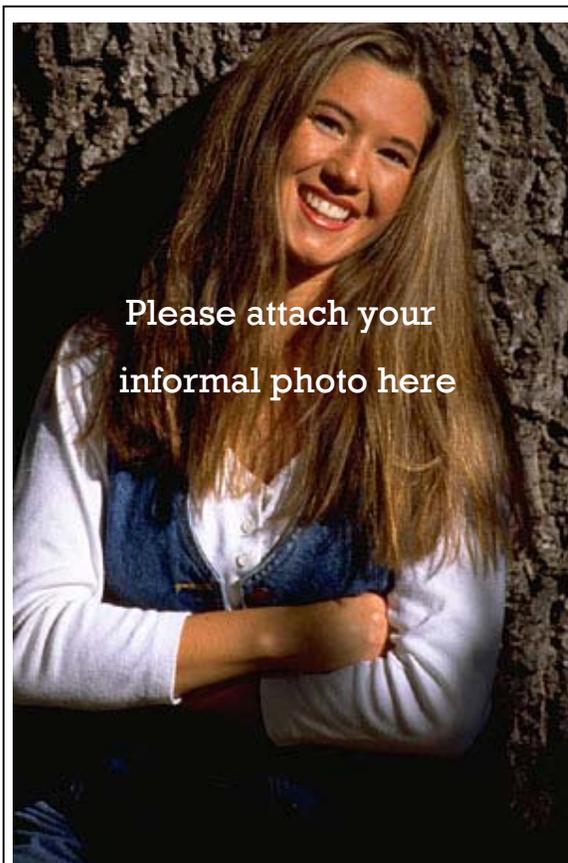
Phone Number: E-Mail:

Place of birth: S.S.#:

Citizenship: US citizen Dual US citizen Other citizenship:
 US Permanent Resident visa; citizen of

First language, if other than English:

Languages spoken (fluency) :



For Counselor Use Only

II. Family Data

Mother _____ Father _____
Last First Last First

Occupation:

Occupation:

Name of business/organization:

Name of business/organization:

College:

College:

Professional/Grad. School:

Professional/Grad. School:

Please list the names and ages of your brothers or sisters. If they attend(ed) college, please list the names of their colleges:

Legal guardian's name (if not living with parents):

III. General Information

Do you have any diagnosed learning disabilities or medical conditions that have impacted your academic performance? Please explain:

Is there a person outside of school or at New Trier (other than your adviser) who knows you well and can be a reference for your Post-High School Counselor? Please provide the context (coach, sponsor, etc.) of the relationship.

If you are currently working with a private college counselor or tutor outside of New Trier, please include their name(s):

What tentative areas of study or preprofessional directions have you considered for the future?

IV. Extracurricular Activities and Experiences while at New Trier

In their *order of importance to you*, please list your *major* extracurricular pursuits (school, personal, religious, athletic, community, etc.) and any academic or extracurricular honors or awards received while at New Trier.

Activity	Grade (9,10,11,12)	hours per week/ weeks per year	positions held/ honors or awards/ letters earned
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Work Experience, Volunteer Activities, and Summer Adventures outside of New Trier

To help us focus on the highlights of your experiences outside of school, please once again list your activities in *order of importance to you*.

Activity/Description	Duration/Dates of Activity	Approx. hours per week
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V. Hodge-Podge

Obviously there are no “right” or “wrong” answers to the following questions. We believe that your open and honest responses will help us to know you a great deal better.

Favorite book(s):

Favorite Music:

Favorite Movie(s):

Person you admire the most (why?):

Favorite magazines and newspapers to read:

Favorite food(s):

Favorite place to escape for a while:

Favorite free time activity:

Favorite expression or quotation:

Favorite keepsake:

VI. College/Post-High School Search

Are there any special considerations that will dictate your college search (i.e., health concerns, cost, religious affiliation and/or percentage of students who identify with a certain religious group, geographical boundaries, etc.)

Do you hope/plan to play college athletics? If so, in which sport(s)?

Have you considered any specific colleges or universities? If yes, please list your schools of interest:

Are there alternatives to a traditional college path that you would like to consider (i.e., work, travel, interim programs, military/armed forces, volunteer/service programs, etc.)?