

# G I R L P O W E R S T U D E N T P R O F I L E

Welcome to GIRL POWER! GIRL POWER requests the following information for its central archives and also for the GIRL POWER Statewide Office. The principal purpose for requesting this information is to verify your participation in GIRL POWER in order to provide you with the appropriate level of service and to apprise you of program related opportunities as they occur.

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## I. STUDENT RECORD INFORMATION

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First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

GIRL POWER Site SJSU

Home Address \_\_\_\_\_

City \_\_\_\_\_ State CA Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ - \_\_\_\_\_ Evening Phone \_\_\_\_\_ - \_\_\_\_\_

If necessary, may we please call you at home?  Yes  No E-mail 1 \_\_\_\_\_

If yes, when?  Mornings  Afternoons  Evenings E-mail 2 \_\_\_\_\_

Shirt Size:  Extra Small  Small  Medium  Large  Extra large  XXL

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## II. SCHOOL SITE INFORMATION & PERSONNEL

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School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State CA Zip \_\_\_\_\_

School Phone Numbers: Voice \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_

School Principal \_\_\_\_\_

When is the best time to reach you at school?  Mornings  Afternoons

Prep Period: \_\_\_\_\_ Time: \_\_\_\_\_

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## III. EMERGENCY INFORMATION

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### IN CASE OF AN EMERGENCY, CONTACT:

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State CA Zip \_\_\_\_\_

His/Her Relationship to you \_\_\_\_\_

Day Phone \_\_\_\_\_ - \_\_\_\_\_ Evening Phone \_\_\_\_\_ - \_\_\_\_\_

C O N T I N U E O N R E V E R S E

