

**ADMINISTRATIVE INFORMATION FORM  
2019-2020 ACADEMIC YEAR**

NAME	
PHONE	
EMAIL	
LOCAL ADDRESS	<i>House/apartment number and street:</i>  <i>City, state, and zip code:</i>
DATE OF BIRTH	
PLACE OF BIRTH	
CITIZENSHIP	
NATIONALITY	
SCU MAED PROGRAM (Y/N)	
DO YOU HAVE A BACHELOR'S DEGREE?	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE	
EMERGENCY CONTACT ADDRESS	<i>House/apartment number and street:</i>  <i>City, state, and zip code:</i>
EMERGENCY CONTACT'S RELATIONSHIP TO YOU	
ANY ALLERGIES OR OTHER HEALTH CONDITIONS OF WHICH WE SHOULD BE AWARE	
ANY DOCUMENTED LEARNING DISABILITIES <i>(Proof needs to be submitted within the first week of school.)</i>	
CAR YEAR, MAKE, AND MODEL <i>(Example: 2016 Toyota Corolla)</i>	
SIGNATURE	