



STUDENT SURVEY C-TEC

office use only:
ID _____ / _____ / _____

Please write neatly and be sure to sign at the bottom!

STUDENT INFORMATION

Graduation Year _____

Name _____ NHS ID _____
Last First

Permanent Address _____ City _____ Zip _____

Student Cell Phone _____ Would you like reminder texts? Yes ___ No ___

Email address _____ Date of Birth _____

Newark Schools attended: Elementary _____ Intermediate _____ Middle _____

AREA OF INTEREST

What program are you in at C-TEC? _____

Do you plan to continue in that field after graduation? Yes ___ No ___

After graduation what are your plans? Testing

___ attend a four year college or university ___ I have not taken the ACT

___ attend a two year college ___ I have taken the ACT and my best score was: _____

___ attend a trade school

___ enter the work force and not attend college

___ unsure

What career are you considering? _____

What college are you considering? _____

PROGRAM PARTICIPATION

CHECK ONE:

___ I wish to participate in the **A Call to College** program.

___ I do not wish to participate in the **A Call to College** program.

Signed: _____ Date: _____
SIGNATURE REQUIRED