



SUMMER ACADEMY IN APPLIED SCIENCE AND TECHNOLOGY
SCHOOL OF ENGINEERING AND APPLIED SCIENCE
UNIVERSITY OF PENNSYLVANIA

NEW STUDENT DATA FORM/EMERGENCY CONTACT INFORMATION

Student information:

<hr/> First name	<hr/> Middle name or initial	<hr/> Last name
<hr/> Date of birth (month, day, year)	<hr/> Social Security number*	<hr/> Country of citizenship
<hr/> Sex (M or F)	<hr/> Race	<hr/> Expected high school graduation date
<hr/> Permanent address:		
<hr/> Street	<hr/> City	<hr/> State
<hr/> Postal Code	<hr/> Country	<hr/> Phone number

Parent/Guardian information:

<hr/> Parent first name	<hr/> Parent last name	<hr/> Relationship to student
<hr/> Address (only if diff. from above)		
<hr/> Street	<hr/> City	<hr/> State
<hr/> Postal Code	<hr/> Country	
<hr/> Day/work phone	<hr/> Evening/home phone	<hr/> mobile phone

Emergency contact info. (if above-listed person cannot be reached):

<hr/> First name	<hr/> Last name	<hr/> Relationship to student
<hr/> Street	<hr/> City	<hr/> State
<hr/> Postal Code	<hr/> Country	
<hr/> Day/work phone	<hr/> Evening/home phone	<hr/> mobile phone

*If you do not have a Social Security number, leave blank and a 9-digit number will be assigned to you.