



2017 – 2018 Virtual Arkansas UAM Student Pre-Registration

High School: _____ District LEA #: _____

Student Information **(This is a fillable form, if you print it out, Please Print Clearly Using Ink)**

Legal Name: _____
Last
First
MI
Preferred Name

Mailing Address: _____
Street
City
State
Zip

Phone: (_____) _____ Student Grade Level 2017-2018: **10** **11** **12**

SSN # _____ - _____ - _____ Date of Birth (mm/dd/yyyy): _____ / _____ / _____

State ID/TRIAND# _____

Parent/Guardian Information *(Please Print Clearly)*

Parent/Guardian Name: _____
Last
First
MI

Parent/Guardian's phone: (_____) _____

Qualifying Test Scores **(to be entered by counselor)**

Exam	required	English	required	Math	required	Reading
ACT	19		19		19	
ASPIRE (9th or 10th Grade)	428		432		428	
ACCUPLACER	83		Elem. Algebra 82 College Algebra 42		80	
COMPASS	80		41		83	
SAT	450		460		470	

Fall 17 Courses Requested	Spring 18 Courses Requested

To be processed this form must be completed with the following dated signatures:

Principal Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____