



## 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

Parent/Guardian's phone: (\_\_\_\_\_) \_\_\_\_\_

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

Exam	Required Composite	Student Score	Required English	Student Score	Required Math	Student Score	Required Reading	Student Score
ACT	19		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 (Old 2400)			450		460		470	
SAT (New 1600)			510		500		510	

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: \_\_\_\_\_