

North Star Education Services, LLC

CLIENT INTAKE FORM FOR ADULTS & COLLEGE STUDENTS

Today's date:				Person Completing Form:			
CLIENT INFORMATION							
Client's Last name		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (Check one) Single / Mar / Div / Sep / Wid	
Email Contact Address:							
Street Address		City	State and Zip Code		Client's Birth date / /	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
College Student? YES NO	Major:	Credits Earned:		Minor:	GPA:		
If YES, name of college currently attending:							
MOTHER INFORMATION for Dependant College Students Only							
Mother's Name		Mother's Address if Different from Client's		Mother's Home Phone	Mother's Business Phone		
Mother's Cell Phone		Mother's Email Address		Mother's Date of Birth	Mother's Marital Status Single / Mar / Div / Sep / Wid		
Mother's Education		Mother's Employer		Mother's Work Hours	Mother's Position		
FATHER INFORMATION for Dependant College Students Only							
Father's Name		Father's Address if Different from Client's		Father's Home Phone	Father's Business Phone		
Father's Cell Phone		Father's Email Address		Father's Date of Birth	Father's Marital Status Single / Mar / Div / Sep / Wid		
Father's Education		Father's Employer		Father's Work Hours	Father's Position		
BILLING INFORMATION							
Responsible Party #1				Responsible Party #2			
Name		Name		Address		Address	
City, State, Zip		City, State, Zip		Responsible for ___% of Bill		Responsible for ___% of Bill	
Referred by:							

