

The Regional Partnership of Schools and Colleges
At Purchase College, SUNY

LIBERTY PARTNERSHIPS "GREAT POTENTIAL" PROGRAM

ADMISSION APPLICATION

TODAY'S DATE _____

LPP _____ **IJK** _____

(NEW OR RETURNING)

STUDENT DATA

Student's Name: _____ Gender: Male ___ Female ___

Social Security #: _____ Date Of Birth ___/___/___ Age: ___

Student I.D. # _____ Student E-mail _____

Home Address: _____ Apt: _____ Mobile # _____

City: _____ State: _____ Zip: _____ Home Ph# _____

Ethnicity: ___ African/Black American ___ European/White American ___ Hispanic American
___ Native American ___ Asian/Pacific Islander ___ Other

Name of School: _____ Current Grade: _____

PARENT /GUARDIAN INFORMATION

Parent/Guardian's Name: _____
Last First Relationship to Student

Household Type: Single or Two Parent Number of Children _____ Age _____

Employer's Name: _____ Title Position _____

Address: _____ City _____ State: _____ Work Phone # _____

IN CASE OF EMERGENCY CALL:

_____ **Home Phone:** _____
_____ **Work Phone:** _____
Last Name First Relationship to Students Mobile Phone: _____