Registration Form

○ New	○ Former Client	Date:			I ONE STAD
Referred by:		Referral Source			LONE STAR ED CONSULTIN We help you find a place to sh
			,		Lauren Kahn, M.A.
STUDENT/CI	LIENT INFO.			Service Desired:	College Advisement
First Name:		Last Name:			Post-Sec. Trans.
Date of Birth	Age	S.S.#			Spec. Needs (LD, ADHD)
					Study Abroad / GAP Yr.
Gender:	○ male ○ female	e	DADENTS (CLI	ARRIAN INFO	Boarding / Local
Address:			PARENTS/GU	ARDIAN INFO.	
City / State			Name (1):		
Zip/Postal Co	de:		Address:		
			City / State:		
School Attend			Zip/Postal Code:		
Home Phone:			Home Phone:		
Cell Phone:			Work Phone:		
E-mail:			Cell Phone:		
Educ. Level:	GPA	CLASS RANK	Primary E-mail: Job title:		
Have you tak or SAT?	en the PSAT,ACT,	yes no	Relationship: / Marital Status		
Scores & Date	s: PSAT		Name (2):		
Scores & Dates:	SAT or ACT		Address:		
Psychological T	esting Results:		City/ State:		
Psychologis			Zip/Postal Code:		
Psychiatrist			Home Phone:		
Educational History (Grades, Diagnoses, and Interests)			Work Phone:		
			Cell Phone:		
			Primary E-mail:		
			Job Title:		
			Relationship:/ Marital Status		
			Appointment	Date	Time
			Fees Quoted		

Siblings/ Name	Age	School/College



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What brought you to this decision today to use an educational consultant and what are your expectations of this process?					
	Signed by :				
In a general sense, how would you describe your son or daughter on their best and worst day within the past year					
What are the top 9 qualities you are seeking in a school / college for your son or daughter?	Remember to print out a copy of this registration form for your records. Please submit this form to Lone Star Ed Consulting at the above e-mail address or mailing address listed on page 1. If you have not already made your initial appointment, please call 512-294-6608 to schedule your school placement consultation. We look forward to working with you.				