

APPLICATION REGISTRATION SLIP

This form must be handed in to Mrs. Stempien 2 weeks prior to your application deadline!

STUDENT'S NAME _____

TODAY'S DATE _____ CHS POSTMARK DATE _____

COLLEGE DEADLINE _____

NAME & ADDRESS OF THE INSTITUTION TO WHICH YOU ARE APPLYING:

Is your application:

EARLY DECISION: ____

REGULAR DECISION: ____

EARLY ACTION: ____

ROLLING: ____

Is this a COMMON APP college? _____

Did you apply with COMMON APP? _____

Online application submission date _____ **Receipt printed?** _____

*RECOMMENDATIONS YOU'D LIKE SENT TO THIS COLLEGE

Faculty recommendation #1: _____

Faculty recommendation #2: _____

****Please note: Students must complete both the Teacher Recommendation Questionnaire and the Counselor Recommendation Questionnaire PRIOR to the recommendations being written. Your Counselor recommendation will be written by Mrs. Baylis unless you have been told otherwise.***

HAVE YOU COMPLETED THE FOLLOWING (must be completed before your records can be sent by CHS)?

- EDUCATIONAL RECORDS RELEASE FORM (**paper form only**)
 - CHS ACTIVITIES SURVEY (*FAMILY CONNECTION only*)
 - OPTIONAL** PARENT INFORMATION FORM (*FAMILY CONNECTION only*)
 - UPDATED STUDENT "COLLEGES I'M APPLYING TO" (with "yes" after submitting your application)
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