

**PERSONAL INFORMATION**  
RESIDENTIAL LIFE WOULD LIKE TO KNOW YOU BETTER

Full Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Name of High School \_\_\_\_\_ City \_\_\_\_\_

Grade next Fall \_\_\_\_\_ T-shirt size \_\_\_\_\_

Special Dietary Needs/Restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (food/medication/etc.):  
\_\_\_\_\_  
\_\_\_\_\_

School Activities:  
\_\_\_\_\_  
\_\_\_\_\_

Community Involvement:  
\_\_\_\_\_  
\_\_\_\_\_

Personal Interests/Hobbies:  
\_\_\_\_\_  
\_\_\_\_\_

What time do you like to go to bed? \_\_\_\_\_

What time do you like to get up in the morning? \_\_\_\_\_

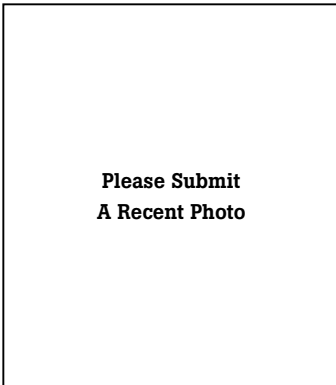
Do you keep your room:       tidy                       somewhat tidy                       not tidy

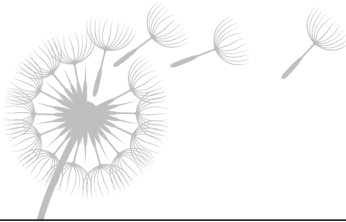
Do you plan on using your room to study, socialize or both? \_\_\_\_\_

How do you like to study?       silence                       a little music                       loud music

Do you consider yourself:       outgoing                       flexible                       reserved

Do you prefer a roommate who is:       outgoing                       flexible                       reserved





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## RESIDENCE HALL INFORMATION FORM

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Student's First Name

Middle

Last

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Program

Date of Birth

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Mailing Address

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Student's E-mail

Student's Cell Phone

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### Mother's Name

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Mother's Daytime Telephone

E-mail Address

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Mother's Evening Telephone

Cell Phone

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### Father's Name

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Mother's Daytime Telephone

E-mail Address

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Mother's Evening Telephone

Cell Phone

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### INSURANCE INFORMATION

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Primary Insurance Company Name

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Insurance Company Claims Phone Number

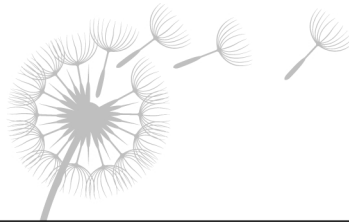
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Policyholder's Name

Birthdate of Policy Holder

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How is Student Related to Policyholder?



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Insurance Identification Number (include letter prefix if applicable)

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Insurance Account or Group Number

**Please provide two emergency contacts if we are unable to reach your parents/guardians:**

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**Name** Daytime Telephone

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Evening Telephone Cell Phone

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**Name** Daytime Telephone

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Evening Telephone Cell Phone