



Sign-In Sheet

Site Coordinator Name: _____ Location: _____ Date: _____

Full First Name*	Full Last Name*	College-Bound Student	Parent/Guardian	Additional Parents/Guardians with you?	Other people with you?
Jane	Doe (Student)	<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N		1
John	Smith (Parent)	<input type="radio"/> Y <input checked="" type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	1	
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Totals:					

* One sign-in per student. Example: If Mary and Ted are twins and are both completing the FAFSA, then both students would sign-in. If Ted brings his mother (Sara) to help him complete the FAFSA, then Ted would sign-in and Sara would not sign-in.

