



White River School District #416

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WRHS Guidance Office 360-829-5510

Senior Information Form

(Required as part of your graduation PLAN)

Name: _____

Career or Program (*please describe, i.e. medicine, teacher, fire fighter, etc.*)

Post Secondary goal: (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Four year college | <input type="checkbox"/> Two year college | <input type="checkbox"/> Technical college |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Military | <input type="checkbox"/> Work |

List the possible name of the institution (4-year; 2-year or technical college); apprenticeship or military that you plan to attend (*i.e. WSU, U of W, Pierce, Green River, Bates, Clover Park, etc.*):

Depending on your plan *only* check the area that you need assistance:

- College choices
- College deadlines
- Prerequisites and requirements
- Application process and assistance
- Apprenticeship programs
- Military branch
- Scholarships
- Financial Aid
- Resume

Notes/comments addressing your specific needs:

Please indicate your preference below (Conference is for your plan after high school):

_____ Yes, I would like an individual conference.

_____ Yes, I would like an individual conference to include my parent/guardian.

_____ No, an individual conference is not necessary at this time.