



RECRUITMENT REGISTRATION FORM
Coppell Alumnae Panhellenic Association (CAPA)

Name: _____
(Last) (First) (Middle) (Nickname)

College/University Planning to Attend: _____

Recruitment classification: _____ Freshman _____ Sophomore _____ Junior

Your address at college, if known: _____

Parents Address: _____

City: _____ State: _____ Zip Code: _____

Parents Phone: _____ Your Cell Phone: _____

Your Date of Birth: _____ Your Email: _____

Father's Name: _____

Mother's Name: (including maiden name)

High School GPA: _____ High School Graduated: _____

Point System Used: 4.0 or 5.0 (circle one)

Test Scores You Wish to Share: SAT: _____ ACT: _____

High School Graduation Date: _____ Rank: _____ # in Graduating Class _____

Previous college/dual credit earned: Hours completed: _____ GPA: _____

High School & College Clubs, Honors, Activities, Leadership Positions: _____

Special Interests: _____

Family Greek Affiliations: Mother, Sister, Grandmother. Please include full name (first, maiden, last), sorority and school: _____

Note Sororities Where Recommendations have been Obtained: _____

I hereby give my permission to release the above information.

Signature: _____ Date: _____

CAPA can be of the MOST help to you if this form and required documents are received by **April 7, 2018**. This will ensure that your information reaches the appropriate university chapter in a timely manner. Please return this form to:

Pamela Gaines, 323 Copperstone Trail, Coppell, Texas 75019
Questions: call/text 214-232-2899