Student Information (To be completed by Parent or Guardian. Please print clearly)

Student last name:	Student first name:
School:	Grade:
Favorite subject(s) in school:	
Student's most challenging subject(s):	
Student's most chanenging subject(s).	
Does the child receive special services at school?	
If so, please list services:	
Primary language spoken at home:	
Food allergies:	Student birthday:
Tood direction	Student birthday.
Parent/Guardian Information	
Parant/Guardian name	Dolotionship to Students
Parent/Guardian name:	Relationship to Student:
Address:	City:
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Home phone:	Work phone:
Cell phone:	Email:
Emergency contact info (must be different	than adult listed above)
Emergency contact into (must be different	than addit listed above)
Name:	Relationship to Student:
Phone:	
Parent Signature:	