

Father: _____

Mother: _____

Address: _____

Address: _____

City, Zip _____

City, Zip _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail address: _____

E-mail address: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Religion: _____

Religion: _____

Please list the other children in your family:

Name:

Current Age: School:

Grade: 10-11

Is your child now taking any medication? _____ Name of Medication: _____

Has your child been diagnosed with any of the following: ___ADD/ADHD ___Learning Disabilities

___Emotional Disabilities ___Asthma ___Allergies

Please list any other needs:
