

SloanAcademics

Every child's success is different.

Student Information Form

Student's name _____ Date _____

School _____ Grade _____

Male _____ Female _____ Age _____ Birth Date ____/____/____

Parents' names _____

Circle custodial parent, if applicable

Marital status: _____ married _____ separated _____ divorced _____ parent deceased

Complete address (city & zip) _____

Billing name and address, if different _____

Phone (Mom Home) _____ (Mom Cell) _____ (Mom Work) _____

Phone (Dad Home) _____ (Dad Cell) _____ (Dad Work) _____

Email address (Mom) _____

Email address (Dad) _____

How did you learn about us? _____

Please list each school your student has attended since kindergarten and the grades attended.

Does your student receive any accommodations or special education services at school? _____

Does your student participate in: _____ Highly Academically Gifted _____ Academically Gifted Program

Please summarize your student's strengths. Also list some of his or her hobbies and interests.

What are your main concerns about your student's academic learning?

What outcomes would you like to see as a result of us working with you and your student?

Has your student been diagnosed with any of these conditions? Please check if applicable.

_____ Allergies (describe) _____

_____ Language or Learning Disorder _____

_____ Attention Deficit Hyperactivity Disorder _____ Inattentive Type _____ Hyperactive Type

_____ Any other developmental, psychological, or educational condition not specified above _____

When was he or she diagnosed and by whom? _____

Emergency Contact Information

If we are **unable to contact a parent**, who would you like us to contact regarding your student?

Name _____

Phone # _____ Relationship _____

Name _____

Phone # _____ Relationship _____