

INFORMATION FORM
(to be completed by parents or guardian of student)

Date: _____

Name of Student: _____

Address: _____

Home Phone: _____ Cell: _____

E-Mail: _____

Student's Age: _____ Grade: _____ Birthdate: _____

Has student repeated a grade? _____ Which Grade? _____

Skipped a grade? _____ Which Grade? _____

School Now Attending: _____

Previous Schools: _____

Father's Name: _____ Occupation: _____

Employed By: _____ Work Phone: _____

Mother's Name: _____ Occupation: _____

Employed By: _____ Work Phone: _____

Are both parents residing with child? _____ Separated: _____ Divorced: _____

If Divorced, has either parent remarried? _____

Has the student had educational and/or psychological testing? _____ If yes, when? _____

What types of evaluation? _____

Is the student receiving counseling? _____ If yes, with whom? _____

Current medications: _____

If on medication, name of prescribing doctor: _____

Signature of person completing this form: _____