

## Indication of Interest and Student Visit Contact Information

Student's Name:

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
First Preferred Last

Present Grade: \_\_\_\_\_

Birthday(M/D/Y) \_\_\_\_\_

For Grade: \_\_\_\_\_

Date to begin: \_\_\_\_\_

Home address:

\_\_\_\_\_  
\_\_\_\_\_

Present

School: \_\_\_\_\_  
Name City

Years Attended: \_\_\_\_\_

Grade level completed:

\_\_\_\_\_

Previous

School: \_\_\_\_\_  
Name City

Years Attended: \_\_\_\_\_ Grade level completed: \_\_\_\_\_

Parent's Name:

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
First Preferred Last

Phone numbers at which we can reach you during your student's visit:

( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Does your student have any dietary restrictions or medical issues? Yes No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

