

Indication of Interest and Student Visit Contact Information

Student's Name:

First

Preferred

Last

Present Grade: _____

Birthdate (MM/DD/YYYY) _____

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:

