

## 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:

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

