

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:

