



Student's Name _____
Last First Middle

Please share how you spend time together as a family. Please describe any special or unique characteristics of your family or home life.

What type of learning environment will be most effective in meeting your educational goals for your child?

To help us support and encourage your child, it is important for us to be aware of any challenges that have affected or might affect school performance. Have there been any significant events in the family such as loss, divorce or family-unit reconfiguration? (Feel free to include any Covid-related challenges.) We welcome you to share any information that provides us with a chance to learn more about your child.

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender

Name of Student _____

Please describe your child (i.e. personality, strengths, weaknesses, preferred activities, responsibilities at home, etc.).

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender