



Student Intake:

Today's Date: _____

CONTACT INFORMATION

Student Name: _____ Student cell phone: _____

Parent Contact: _____ Home phone: _____

Email: _____ Cell phone: _____

Please circle preferred method of contact (email, home phone, cell phone, text)

Street Address: _____ City, State, Zip: _____

SCHOOL INFORMATION

School: _____ Teacher: _____ Class: _____

Current grade in class: _____

Is it OK to contact the teacher? Yes No Teacher email: _____

Username for online grades (optional): _____

Password for online grades (optional): _____

LEARNING ASSESSMENT

What are the current issues with the class you are taking?

Has the student ever had special accommodations at school (IEP, 504 Plan)? Yes No

If yes, please explain.

Overall GPA: _____