



Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Please list the other children in your family:

Name:	Current Age:	School:	Grade: 10-11
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child now taking any medication? \_\_\_\_ (Name of Medication) \_\_\_\_\_

Has your child been diagnosed with any of the following: \_\_ADD/ADHD \_\_Learning Disabilities

\_\_Emotional Disabilities \_\_Asthma \_\_Allergies

Please list any other needs:

\_\_\_\_\_