



2018-19 Student Information Form

Student's Legal Name _____ Male/Female _____

Preferred Name _____ Birth date ____ / ____ / ____

Address _____ City _____ Zip Code _____

Email Contact(s) _____

Father's Name _____ Cell Phone _____

Address (if different from above) _____ City _____ Zip Code _____

Business/Employer _____ Occupation/Position _____

Mother's Name _____ Cell Phone _____

Address (if different from above) _____ City _____ Zip Code _____

Business/Employer _____ Occupation/Position _____

Emergency Contacts

Name _____ Phone # _____

Name _____ Phone # _____

About Your Child

Does your child have any medical conditions and/or allergies we should be aware of?

Yes ___ No ___ If yes, please explain _____

What qualities would you like to see your child develop at InterActive Academy?

What are your child's academic and personal strengths, talents, and interests?

Please describe previous areas of concern. How have these concerns been addressed?
