



# 2019-20 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?

\_\_\_\_\_

\_\_\_\_\_