

**Learning Success Center
Enrollment Form for Student Services**

Student Name: (Last)_____ (First)_____ (Middle)_____

Preferred Name or Nickname:_____ Age:_____ Date of Birth_____

Parent Names_____

Address_____

Phone Numbers: (H)_____ (W)_____ (C)_____

In case of emergency, who should be notified:

Name_____ Relationship:_____

Phone Numbers: (H)_____ (W)_____ (C)_____

Address:_____

School _____ Grade_____

Teacher Name_____

Do we have your permission to contact your child's teacher? _____ Yes _____ No

May we obtain assessment data from your child's school? _____ Yes _____ No

In the areas of school and school subjects, what do you feel are your child's areas of strength are? (Describe)

What do you feel your child's areas of weakness are? (Describe) _____

Does your child have any allergies or special medical conditions that we should be aware of? Please explain: _____

***Please note: your child must be picked up by 5:30 or the time specified by contract. If you will not be picking up your child, please list name(s) of persons who have permission to do so. No one will be allowed to pick up your child without appropriate identification.**

*****Every effort is made to meet the individual needs of your child. However, if your child becomes a disruption to the learning of others they will be asked to leave.***

Parent Signature _____

Date _____

Scheduled Date of Assessments: _____

Type of Assessments: (List Assessments Administered)

Person Administering Assessments: _____