



741 Garden View Court, Suite 106
Encinitas, CA 92024
e-mail: answersplus@yahoo.com
(760)-632-2262 fax: (760)-632-0112

Student Information Sheet

Student Name: _____ Grade: _____ Student Cell#: _____
Age: _____ Birthdate: _____ Today's Date: _____ Pager: _____
Home Address: _____ Phone: _____ email: _____
City: _____ State: _____ Zip: _____
School: _____ Teacher/s: _____
School Address: _____ School Phone: _____

Parents:

Mother's Name: _____ Home phone: _____ Cell#: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ email: _____
Occupation: _____ Work phone: _____

Father's Name: _____ Home phone: _____ Cell#: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ email: _____
Occupation: _____ Work phone: _____

Step Parent's Name: _____ Home phone: _____ Cell#: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ email: _____
Occupation: _____ Work phone: _____

In case of emergency, please contact: _____
Address: _____ Phone: _____
Relationship: _____

Billing Statement Preference: Please send via: email mail (choose one)

Notices: Please send via: email mail (choose one)

Type of Program:

Homework Assistance Study Skills Program Correspondence Course Assistance
 Diagnostic Testing Individualized Reading Program SAT/ACT Test Preparation
 Individualized Math Program PSAT Test Preparation Gifted/Enrichment Studies
 Individualized Writing Program Other

Has your child been tested for learning disabilities/problems? _____
Is your child receiving special services at school? Speech _____ LD _____ GATE _____ Other _____ Please specify _____
Do you wish us to contact your child's teacher(s)? _____

Special Concerns: _____
