



Student Intake Data Form

Student Name: _____

Date of Birth: _____ M ____ F ____

Parent/Guardian Name:

Mother/Guardian: _____

Father/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Mother/Guardian Cell Phone: _____ Work Phone: _____

Father/Guardian Cell Phone: _____ Work Phone: _____

Present School District: _____

Case Manager: _____

Current School Placement: _____

Classification: _____

Other important information about my child: _____

Information Submitted By:

Name: _____ Relationship: _____

Where did you hear about our school? Please check:

Brochure ____ CST ____ Website ____ Google ____ Word of Mouth ____ Social Media ____

Office Use Only: Date: _____ Comments: _____
