



Parent Form

* Required

Parent's Name: *

Your answer

Student's Name: *

Your answer

How would you think your child learns?

- Visual Learner
- Auditory Learner
- Reading/Writing
- Kinesthetic/Movement
- Not sure

How and when would you like me to be in contact with you this year?

Your answer

How would you like to be involved?

Your answer

What does your child have a hard time with?

Your answer

What is your child passionate about?

Your answer

What is the best way for me to contact you? *

Your answer

SUBMIT

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