



New Student Information Form

Student's Name _____

Parents/Guardians _____

Student's School _____

Student's Date of Birth _____ Grade Level _____

Home Phone Number _____

Parent's/Guardian's Work Phone Number _____

Parent's/Guardian's Cell Phone Number _____

Current Address _____ City _____

Primary Email _____

Alternate Email _____

Emergency Contact Information

First Contact _____ Phone Number _____

Second Contact _____ Phone Number _____

Third Contact _____ Phone Number _____

How did you hear about Apples of Gold? _____

I give the instructors of Apples of Gold Center for Learning permission to administer educational testing to my child. I give them permission to analyze and utilize the test results in order to create a specialized curriculum plan for my student. In the case of an emergency, if the instructors are unable to reach my child's contacts, I give them permission to seek medical treatment for him or her at our designated emergency medical facility.

Signature _____ Date _____

Witness _____ Date _____