



Completing Homework in a Learning Lab

School Year: _____

Student Name: _____ **Grade:** _____

Address: _____

City: _____ **Zip Code:** _____

School: _____

Birthday: _____ **Sex:** _____

Parent/Guardian Name: _____

Phone Number: _____

Parent/Guardian Name: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

What is the best way to contact you: **Call** **Text**

Does your child have any allergies? _____ **If so, to what:** _____

Parent/Guardian Signature: _____ **Date:** _____