

PROJECT ARROW

Student/Parent Information Sheet

STUDENT NAME: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell (optional): _____

E-mail: _____

I prefer to be contacted via:

Phone E-mail

Best time to reach you: _____

Concerns or questions about this year's program:

What activities/hobbies does your child participate in (dance, sports, music...)?

What goal(s) do you have for your child this year?

What additional information you would like to share about your child, which would be helpful to me in making his/her school year most successful?