

Student Name: _____



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Student Information Form

Today's Date: _____
(mm/dd/yyyy)

Coordinator: Len Aron
 Melissa Richmond
 Susan Small

Student Contact Information

Student Name: _____ Birthdate: _____ Gender: _____
(mm/dd/yyyy)
Student Cell Phone: _____ Student Email: _____

Parent/Guardian Contact Information (if student is a minor):

Contact 1: _____ Relationship: _____
Contact 1 Address: _____
Street Number City Zip
Contact 1 Phone: _____
Cell Home
Email: _____
Contact 1 Employer: _____ Work phone: _____

Contact 2: _____ Relationship: _____
Contact 2 Address: _____
Street Number City Zip
Contact 2 Phone: _____
Cell Home
Email: _____
Contact 2 Employer: _____ Work Phone: _____

Student is living with: Contact 1 Contact 2 Self (adult client)
Send reports to: Contact 1 Contact 2 Other
Send bills to: Contact 1 Contact 2 Other

Student Name: _____



School Record

Current school: _____ Grade Level as of Fall 20____ : _____

Teacher (if applicable): _____

Counselor (if applicable): _____

Areas of difficulty: _____

Previous school attended: _____
School _____ Grades _____

Immunization record on file: _____

If applicable, provide electric copies of: IEP 504 Current Test Results

Sibling Information

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Professionals

Current physician: _____

Psychologist/counselor: _____

Other: _____
(Please complete "Release of Information" form)

Emergency Information

Local emergency contact: _____
(other than parent) Name Phone Relationship

Food/drug allergies: _____

Medical Conditions (Provide Protocol): _____