

STUDENT INFORMATION FORM 2010-2011

SELAH LEARNING CENTER

Please use only BLACK ink to complete form!

Last Name _____

First Name _____

I like to be called _____

Grade _____ Birthdate _____

Address _____

Please place recent
photo here.

For our purposes it should be a
"head shot" or upper body
shot. Please be sure the
quality of the photo will allow
it to be easily reproduced.
Please do NOT use a photo
copy on regular paper.

Phone _____ Personal E-mail _____

Parents' names _____

Brothers'/Sisters' names & ages _____

What is your favorite subject? _____ Least favorite? _____

What hobbies do you enjoy? _____

What sports do you like to play or watch? _____

Do you like to read? _____ If yes, what kinds of books? _____

In one or two sentences, tell why you want to attend the SELAH Learning Center.

Parents, is there any information about your student that would be helpful for their
teachers to know? If so, please list it here. _____

