



**EMERGENCY CONTACT INFORMATION** – *An emergency contact is someone other than the numbers listed above.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**STUDENT RELEASE INFORMATION** – *In the interest of protecting our learners, we need to know who is privileged to information about the student's progress.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  Release of Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  Release of Information

Describe what you hope the learner will gain from the EnCompass program.

What are your child/learner's strengths and areas of needs?

Please share any additional information to promote the success of your child/learner.

**THANK YOU!**

*We look forward to working together for your child's success.*

**\*Please return this form to the Middle School Office - Attention: Anne Baker – by Monday, January 18<sup>th</sup>, or sooner if possible.**

**\*\*Office Use Only\*\*** Date Application Received: \_\_\_\_\_ Date Application Entered: \_\_\_\_\_ Notes/Transportation Info: \_\_\_\_\_