

Student Information Form

Date: _____

Child's name _____ Preferred name _____

Child's DOB _____ Child's School _____ Year level _____

Areas of concern:

What are your child's interests (outside of school)? _____

What are your child's strengths? _____

What are your child's weaknesses? _____

Is homework required? Please note, if you choose yes, it is expected to be done every week. YES/NO

What are you hoping to get out of this programme?

Does your child have any medical issues or concerns we need to be aware of (including allergies)?

YES/NO

If so, please give details: _____

Do you have any referrals for your child? YES/NO

If yes, please outline and attach if possible: _____

Does your child have any learning difficulties/disabilities? YES/NO

If yes, please explain: _____

Contact 1

Parent/guardian's name: _____

Home Address: _____

Mobile number: _____ Home number: _____

Place of work: _____ Work number: _____

Email address: _____

Contact 2

Parent/guardian's name: _____

Home Address: _____

Mobile number: _____ Home number: _____

Place of work: _____ Work number: _____

Email address: _____

How did you hear about us? _____

Thank you for your time. We look forward to building a brighter future for your child.

Your personal information:

1. Will not be sold to any other party for whatever purpose. This means your information will not be accessible to any telemarketing or direct mail agencies.
2. May be used in the course of day-to-day business such as coordination of tutors and students by Growing Einsteins.
3. May be used in the recovery of outstanding payments.
4. Will be kept absolutely confidential by Growing Einsteins and will not be given to any other party except as agreed by you in the course of business terms and conditions, or if formally requested by law enforcement agencies.
5. May be used by Growing Einsteins for following up feedback submitted by you.

For more information on your privacy rights and government policy see www.privacy.gov.au