



INFORMATION FORM

(Please complete all information front & back prior to initial appointment)

STUDENT INFORMATION:

Student Name: _____ SS# _____
(First) (Middle) (Last) (Nickname)

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Telephone: _____ Cell Phone: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____ Citizenship (if not US): _____

Current School: _____ Graduation Yr.: _____

Address: _____

Phone Number: (_____) _____ Guidance Counselor: _____

Previous Schools Attended (Dates and Grade):

_____ Dates/Grades: _____

_____ Dates/Grades: _____

_____ Dates/Grades: _____

Medications currently being taken (if any): _____

FAMILY INFORMATION:

Father's Name: _____ Country of Birth: _____

Address (if different from above): _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____ FAX: _____

Occupation: _____ Employer: _____

Business Address: _____ E-mail: _____

Education: High School: _____ College (Degree): _____

Graduate School & Degree): _____

Mother's Name: _____ Country of Birth: _____

Address (if different from above): _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____ FAX: _____

Occupation: _____ Employer: _____

Business Address: _____ E-mail: _____

Education: High School: _____ College (Degree): _____

Graduate School/Degree: _____
(over)



Student lives with (Check all that apply): Father Mother Stepfather
 Stepmother Guardian other _____

Check any that apply: Father deceased Mother deceased Parents divorced
 Parents separated Father remarried Mother remarried

Siblings: (Name, Age, and School)

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Do you plan to apply for financial aid? yes no

Religious Preference: _____ Place of Worship: _____

Reason(s) for Coming to **Educational Directions**: _____

Referred by: _____

AGREEMENT

I have read the **Statement on Philosophy and Practices** and understand what **Educational Directions** offers and the expectations for the student and parents in this process. I agree that I will pay the entire consulting fee prior to the second visit, unless specific arrangements have been made ahead of time. **Educational Directions** agrees that it will be available to the student and parents for the listed services and consultation on an unlimited basis within the realm of the specific search. In addition, **Educational Directions** will fulfill its commitment to work with the student and parents until a satisfactory placement is found for a calendar year from the initial contract. The fees are as follows:

Boarding School Guidance & Placement	\$2000
LD, ADD/ADHD, Therapeutic Placement (\$750 Initial Consultation Fee, \$2250 Placement Fee)	\$3000
Summer Program Search and Guidance	\$500

I agree to release any pertinent medical, psychological, or other records to **Educational Directions**. I give permission for **Educational Directions** to release these reports and records to any school or agency deemed necessary for the purposes of educational counseling and school placement. I understand that additional educational or psychological testing, psychotherapy, medical evaluation, etc. that may be recommended will be separate and additional costs for which referrals can be made.

Parent Signature: _____ Date signed: _____

Student Signature: _____ Date signed: _____

This release is valid until (date): _____