



Parent Inquiry Form

Thank you for your interest in Pathway Homeschooling Services! Please fill in the following fields and email the completed form to **info@pathwayhomeschooling.com**. We will get back to you soon about the next steps in our process.

Desired Program

For which program are you inquiring?

Homeschooling

Tutoring Center

Preferred Start Date – Month/Day/Year

ABA Therapy

Are you interested in ABA Therapy?

Yes

No

OT e Speech

Are you interested in Occupational Therapy and Speech?

Yes

No

Health Insurance

Does your child have Health Insurance? If yes, which one?



Contact Information

Guardian #1 (Primary contact)

Name: _____ Relationship to student: _____

Email: _____ Phone number _____

Address: _____ City: _____ State: _____ Zip code: _____

Guardian #2 (Secondary contact)

Name: _____ Relationship to student: _____

Email: _____ Phone number _____

Address: _____ City: _____ State: _____ Zip code: _____

Preferred Language of Communication: _____

Preferred Method of Communication: _____

Please fill out a Student Profile form for every child you have listed below

Student name:

Student name:

Scholarship Information

Has your child been granted a scholarship through Step Up?

If yes, mark below which scholarship.

Family Empowerment Scholarship for Students with Unique Abilities (FES-UA)

The Hope Scholarship

The Florida Tax Credit Scholarship

Scholarship Amount Granted \$ _____



Student Profile Form

In the case of siblings, please fill out a separate profile form for each child.

Student's Full Name: _____ Age: _____

Grade: _____ Gender: _____

Nickname or preferred name (if applicable) _____

First Language _____

Other Languages (if applicable) _____

Interest/Hobbies:

Favorite Toy: _____ Favorite Game: _____

Favorite Song: _____ Favorite Food/Snack: _____

Does your child have developmental/physical disabilities or additional needs?

Does your child have any allergies? If yes, please list below

If yes, please write below any important information regarding your child to help us best accommodate their needs.



Student's Full Name: _____ Age: _____

Grade: _____ Gender: _____

Nickname or preferred name (if applicable) _____

First Language _____

Other Languages (if applicable) _____

Interest/Hobbies:

Favorite Toy: _____ Favorite Game: _____

Favorite Song: _____ Favorite Food/Snack: _____

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