



LEARN UPSTATE

HYBRID ACADEMY AND LEARNING CENTER

Student Information:

Student Name: _____

Address: _____ City, State and Zip: _____

Home Phone: _____ Gender: _____

Age: _____ Birthdate: _____ Current Grade: _____

Current School: _____

Parent Information:

Mother's Name: _____

Father's Name: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Phone #: _____ Father's Phone #: _____

Email Address: _____

Brothers / Sisters, Age, and school:

What lead you to seek enrollment at Learn Upstate?

Any known learning disabilities or diagnoses?

If so, what/when diagnosed?

Does your child have an IEP or Educational Plan/accommodations?

Is your child on any medications or have special health needs?

For this school year, what goals do you have for your child?

Please write anything else you think we should know on the back.

For new enrollees, please send a current report card or transcript to Learnupstate@gmail.com