



## STUDENT/PARENT INFORMATION PROFILE

\*\*\*Please be advised that all information collected in this document will be kept strictly confidential and will only be used for the purposes of the SLANG Mentoring Program. This information will not be shared with, nor disseminated to, any other entity without the express permission of the parent/guardian. Please answer all applicable questions in full detail so that we may better serve your child. Please visit [www.slangmovement.org](http://www.slangmovement.org)

### Contact Information

Student: <u>Last Name</u>		<u>First Name</u>		<u>Middle Initial</u>	
Mother: <u>Last Name</u>		<u>First Name</u>		Father: <u>Last Name</u>	
<u>School Name</u>		<u>Student Grade</u>			
<u>School Street Address</u>		<u>Home Address</u>			
<u>School City</u>		<u>State</u>		<u>Zip</u>	
<u>School Phone</u>		<u>Home Phone</u>		<u>Business Phone</u>	
<u>Emergency Contact</u>		<u>Mobile Phone</u>		<u>Preferred Phone</u> <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile	
<u>Has your child repeated a grade?</u> __ Yes __ No Grade?__		<u>Email address:</u>			
<u>Birth date (month, day &amp; year)</u> Month    Day    Year		<u>Primary Concern</u>		<u>Ethnic Origin</u>	
<u>Parent/Guardian(s) Names</u>					

1. Do you give your child permission to be in photos? Yes / No

2. What are your child's strengths?

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3. What are your child's weaknesses?

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**4. What are your child interests?**

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**5. What goals do you want SLANG to accomplish with your child?**

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**6. Is there any other background information you wish to share with *SLANG* at this time?**

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**Please check all applicable boxes. This survey will help to inform *S.L.A.N.G* of your child's needs and interests. The answers to these questions are essential to the mentor/youth matching process.**

**Medical Conditions:** ☐ Allergies (List) \_\_\_\_\_

☐ Asthma ☐ Other (List): \_\_\_\_\_

Disabilities: Check all that Apply: ☐ Mental ☐ Physical ☐ Other (List)

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**Home Life-Family:** ☐ Mother in Home ☐ Father in Home  
☐ Other Adults in Home (List their relationship to youth)

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Are there siblings in home? ☐ Yes ☐ No How many? ☐ Brothers ☐ Sisters

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Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_