



Learning With Léa, Inc. Student Information Sheet

Student's Name: _____

Date of Birth: _____

Name of School: _____

Grade for Current Academic Year: _____

Parent Name: _____

Parent Contact Number: _____

Parent Email Address: _____

Mailing Address: _____

Emergency Contact Name: _____

Emergency Contact Telephone Number: _____

Student's favorite hobby/ interests: _____

Student's favorite color: _____

Does the student have any allergies, if so please list? _____

Parent Comments/ Areas of Concern: _____
