



STUDENT INFORMATION

Date

Gender

☐

Male

☐

Female

Name

Age

Grade

Date of Birth

Referred By

School Attending

Current Address

Please Include Zip Code and Apt. # if applicable

PARENT/GUARDIAN INFORMATION

Name

Phone #

ADDITIONAL INFORMATION

Any concerns or problems your child is experiencing?

Any special medical or behavior concerns?

* I give my permission for my son/daughter to participate in the Bis Kids program. I will support my student with a quiet space with access to a virtual classroom. I also understand there may be a few outdoor gatherings per year.

Name of Guardian - Print

Initials of Guardian