
Southwest Learning Centers

Letter Of Intent

Date _____, 20__



Student Information

Student Name: _____ Grade _____

Address _____ City _____, State _____ Zip _____

Phone: _____ Social Security # _____ Gender: _____ Birthdate ____ / ____ / ____

E-Mail Address: _____

Last School Attended: _____ Favorite Subject _____

Strengths are: _____

Receives the following special education services (check all that apply):

None Gifted A Level B Level C Level D Level Speech/Language Other ancillary

Learns best when: _____

Parent / Guardian Information

Mother's Name: _____ Home Phone _____

Address: _____ City _____, State _____ Zip _____

Employer: _____ Work Phone: _____ Cell Phone _____

Email address _____

Father's Name: _____ Home Phone _____

Address: _____ City _____, State _____ Zip _____

Employer: _____ Work Phone: _____ Cell Phone _____

Email address _____

Sibling Information

Name _____ Name _____

Birthdate _____ Grade _____ Birthdate _____ Grade _____

Last School Attended _____ Last School Attended _____