

21st Century Community Learning Center of Think Smart Outreach Center, Inc.
Personal Profile

Sims # : _____

Child's Name: _____

Physical Address: _____

Mailing Address: _____
(if different from above)

Telephone Number: () _____ - _____

Alternate Number () _____ - _____

Age: _____ Grade: _____ D/O/B: _____ Race: _____

School Attends: _____

EOG/EOC Scores (I, II, III, IV) Reading: _____ Math: _____

Mother's/Guardians Name: _____

Telephone Number: () _____ - _____ Work () _____ - _____

Cell Number: () _____ - _____

Father's/Guardians Name: _____

Telephone Number: () _____ - _____ Work () _____ - _____

Cell Number: () _____ - _____

You Referred by: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Physical Address: _____

Mailing Address: _____

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