

Tour Request / Information Form

	our Requested	u Limor	mation Requested	□Follow-Up Needed	
Student Name:				DOB:	
Current School:					
Current Grade:	Reques	sted Start Date		<u> </u>	
Parent(s) Name:					
Address:					
City: Student resides with (ple	ease circle):	State:	Zip Code:	:	
Both Parents	Mother	Father	Stepparent	Other:	
Mother Cell Phone:	Cell Phone: Father Cell Phone:				
Home Phone:	ne: Primary Email Address:				
Have you previously app	olied or toure	ed Pace Brantle	y? Yes No_	If yes, date?	
Student's diagnosed Lea	rning Disabi	lity(s) or public	c school Exceptiona	ality(s)	
Services:					
Has student ever been su	ispended or 6	expelled? Pleas	e explain:		
Other programs (camps)	specialized	schools studen	t has attended:		
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Does student have a curr	ent IEP Y_	_ N	Behavioral Pl	an with IEP YN	
Date of most recent Psyc	choeducation	al Evaluation:			
How did you hear about	Pace Brantle	ey School?		primary exceptionality is an Intellec	
*Please note that Pace B Disability or Emotional			cept students whose	primary exceptionality is an intellec	