

AGAPE VILLAGE SCHOOL Trial Visit Form

Students Information:

Name:	Birth Date:	Sex:
Address:	City:	State:
Zip:		
Place of Birth:	Citizen Of:	Current Grade:
Name of last school attended:		
Dates attended: to		
Address of last school attended:		
Grade completed:		
Parent /Legal Guardian 1 Information		
Name:	Home F	Ph. ()
Work Ph. ()	Cell Ph. ()	_
Home Address:		
Employer:		
Bus. Address:		
Email Address:		



Parent /Legal Guardian 2 Information

Name:	Home Ph. ()		
Work Ph. ()	Cell Ph. ()		
Home Address:			_
Employer:			_
Bus. Address:			_
Email Address:			
Student lives with:			
Both Parents/ Legal Guardians _	Parent/ Legal Guardian 1 _	Parent / Legal Guardian 2 _	Other
School Correspondence and student	t information should be sent	to:	
Both Parents/ Legal Guardians _	Parent/ Legal Guardian 1 _	Parent / Legal Guardian 2 _	Other
Tell us about your student. Please in Please also share anything that wou			hings Etc.