



Motivating Minds

KB Group Homeschool Registration

Student Information:

Name: _____ Age: _____

Gender: _____ Date of Birth: _____

Grade entering fall 2017: _____

Previous school: _____

Teacher email: _____

Has a recent psycho-educational evaluation? Yes No

Please list any specific diagnosis. i.e. dyslexia, autism, ADHD, etc

Strengths: (i.e, strong writing skills, math, works well with others, etc.)

Areas of Concern: (i.e., reading comprehension, division, self-control, attention, etc.)

Parent/Guardian Information:

Parent/Guardian Name: _____

Telephone # _____

Email: _____

Parent/Guardian Name: _____

Telephone # _____

Email: _____