

## I would like to schedule a home visit!

Student's Name	Parent/Gua	rdian's Name	Phone Number
Name of School		Grade Level/	Teacher Name
Please select the days and times that work best for you (You may select more than one)			
$_{Mon}\square_{Tues}\square_{Wed}$	☐ Thur ☐ Fri ☐	Sat	□ <sub>Sun</sub> □
Weekdays: 4:30-6:30 PM	6:30-8:30 PM	Weekends: 9 AM-:	12 PM 12-5 PM
Tell us a fun fact about your family:			