

Peter Pan Learning Community

Information Request Form

*****Please email completed form to
dshea.peterpancenter@gmail.com**



Parent/Guardian First & Last Name: _____

Child's Full Name: _____

Child's Nickname: _____ Last Grade Completed: _____

Child's Date of Birth: _____ Child's Age: _____

Home Address: _____

Parent/Guardian Phone: _____

What are your child's strengths?

What are your child's special interests?

What is challenging for your child, academically and/or socially?

How would you describe your child's learning style?

What are your hopes and/or goals for your child at the PPLC?

What behavioral challenges, if any, should we be aware of?

Allergies: _____

Medications: _____