



**MAILING ADDRESS: 3540 W SAHARA AVE #129 ~ LAS VEGAS, NV 89102-5816**  
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**Phone 702-876-3000 ~ Fax 702-792-6855 ~ E-mail [academiccoaching@yahoo.com](mailto:academiccoaching@yahoo.com)**

### FAMILY INFORMATION FORM

**STUDENT NAME:** \_\_\_\_\_

School & Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

[City & zipcode] \_\_\_\_\_

Student Phone (s): \_\_\_\_\_

Student Email: \_\_\_\_\_

**PARENT 1/GUARDIAN:** \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_

Work Address: \_\_\_\_\_

Home & Wk Phones: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**PARENT 2/GUARDIAN:** \_\_\_\_\_

**EMPLOYER NAME/** \_\_\_\_\_

Work Address: \_\_\_\_\_

Home & Wk Phones: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Separate registration forms must be filled in for each student.**

**PARENT SIGNATURE:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**THANK YOU FOR ALLOWING US TO SERVE YOU.**