

Impact Educator LLC

Owner- Alicia Rake

(920) 392-2581

rakea26@gmail.com

PERSONAL INFORMATION

Name:	
Address:	
Phone:	
Email:	
Current Grade/School:	
Age:	
Date of Birth:	
Special Factors (IEP?):	

PARENT/GUARDIAN INFORMATION

Name of Mother:	
Address:	
Home Phone:	
Email:	
Occupation:	
Work Phone:	
Date of Birth:	

Name of Father:	
Address:	
Home Phone:	
Email:	
Occupation:	
Work Phone:	
Date of Birth:	

Emergency Contact:	
Address:	
Home Phone:	
Work Phone:	
Occupation:	

I hereby authorize Impact Educator LLC to communicate with other professionals (school employees, outside academic / behavioral reports) after the appropriate “Release of Information” forms have been completed with each establishment or individual.

Parent / Guardian Signature: _____

Date: _____