



**INFORMATION FORM & CONTRACT AGREEMENT**  
(Please complete all information front & back)

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ SS# \_\_\_\_\_  
(First) (Middle) (Last) (Nickname)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship (if not US): \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Previous Schools Attended (Dates and Grade):

\_\_\_\_\_ Dates/Grades: \_\_\_\_\_  
\_\_\_\_\_ Dates/Grades: \_\_\_\_\_  
\_\_\_\_\_ Dates/Grades: \_\_\_\_\_

Medications currently being taken (if any): \_\_\_\_\_

**FAMILY INFORMATION:**

**Father's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Education: High School Yr.: \_\_\_\_\_ College & Degree: \_\_\_\_\_

Graduate School & Degree: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Education: High School: \_\_\_\_\_ College & Degree: \_\_\_\_\_

Graduate School & Degree: \_\_\_\_\_



Student lives with (Check all that apply):  Father  Mother  Stepfather  
 Stepmother  Guardian  other \_\_\_\_\_

Check any that apply:  Father deceased  Mother deceased  Parents divorced  
 Parents separated  Father remarried  Mother remarried

Siblings: (Name, Age, and School)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Religious Preference/Place of Worship: \_\_\_\_\_

Do you plan to apply for financial aid?  yes  no

Reason(s) for Coming to **Educational Directions**: \_\_\_\_\_

Referred by: \_\_\_\_\_

## AGREEMENT

I have read the *Statement on Philosophy and Practices* and understand the position of **Educational Directions** and what it offers and the expectations for the student and parents in this process. I agree that I will pay the entire consulting fee prior to the second visit, unless specific arrangements have been made ahead of time. **Educational Directions** agrees that it will be available to the student and parents for the listed services and consultation on an unlimited basis within the realm of the specific search. In addition, **Educational Directions** will fulfill its commitment to work with the student and parents until a satisfactory placement is found. The fees are as follows:

Boarding School Guidance & Placement	\$1800
LD, ADD/ADHD, Therapeutic Placement ( \$500 Initial Consultation Fee, \$2000 Placement Fee)	\$2500
Summer Program Search and Guidance	\$500

I agree to release any pertinent medical, psychological, or other records to **Educational Directions**. I give permission for **Educational Directions** to release these reports and records to any school or agency deemed necessary for the purposes of educational counseling and school placement. I understand that additional educational or psychological testing, psychotherapy, medical evaluation, etc. that may be recommended will be separate and additional costs for which referrals can be made.

Parent Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

This release is valid until (date): \_\_\_\_\_