



Date Received _____

Parent Statements

Applicant: _____
Last First Middle

In order to provide a more complete picture of your child, respond to the following in the space provided. Responses may be typed directly onto this form; or the form may be printed and responses handwritten.

1. Describe your child's skills, strengths, and interests.

2. Describe activities, skills, or situations your child finds difficult.

3. What do you hope your child will gain and experience by attending NH School of Applied Learning?

Student Name _____

4. Why do you believe NH School of Applied Learning would be a good educational and social fit for your child?

5. Describe any disruptions in your child's educational, social, or personal development of which you think we should be aware.

6. Describe any professional support your child receives.

7. What are you most proud of with respect to your child?

Student Name _____

Print name of parent(s) _____
completing form

Signature of parent(s) _____
completing form Date _____

_____ Date _____