

**LAKE WASHINGTON SCHOOL DISTRICT  
PULL OUT QUEST PROGRAM  
2009 - 2010**

Parents -- Please fill out and return to Quest Pull Out teacher on the first day of class. We need these for emergency numbers.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Home School \_\_\_\_\_ Home Teacher \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-MAIL Address \_\_\_\_\_

Medical information (allergies, medications taken by student): \_\_\_\_\_

**PARENT INFORMATION**

GUARDIAN/PARENT NAME(S): \_\_\_\_\_  
\_\_\_\_\_

Parent occupation(s): \_\_\_\_\_

\_\_\_\_\_  
(optional: This information is helpful in finding resources for our program.)

Parent's special interests, travel, hobbies, talents: \_\_\_\_\_

\_\_\_\_\_  
I would like to participate in the Pull Out Quest program by doing the following (Please check those which interest you):

- 1. Calling, arranging for speakers, field trip sites
- 2. Locating special materials needed for experiments and special activities
- 3. Speaking on special topics in the classroom: topic area \_\_\_\_\_
- 4. Locating research and resource materials, i.e., books, videotapes and cassette tapes
- 5. Driving on Field Trips

Thank you for taking the time to fill out this inventory  
PO:P