

**LAKE WASHINGTON SCHOOL DISTRICT
PULL-OUT QUEST PROGRAM
2011 - 2012**

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