Student Profile

Please help us get to know your child by completing the following two sided survey. Some families enjoy filling it out together. If you would prefer mailing this to us, please mail it to Goldenview, c/o Neon Team, 15800 Goldenview Drive, Anchorage, AK 99516.

Student's name: _____ Parents' Names: _____

Address: _____

Home Phone: _____ Work Phone: _____ Email address: _____

Best way to reach you... _____ Occupation(s) _____

Are you interested in volunteering for the NEON Team? If so, what would you like to do?

_____

FAMILY AT HOME: Please list all those who share in your daily life and live together.

Full Name	*Relationship*

List your child's successes in school.

_____

List any concerns you have about your child.

_____

Please write three goals you would like to see your child accomplish in the 8th grade.

1. _____

2. _____

3. _____

Please describe your son or daughter.

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(Use this space to write any last minute thoughts to us.)

Language Arts Ms. Goodman	Social Studies Mr. Sant	Math Mrs. Carte	Science Mr. Avery