Study Buddy Child Profile

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_**

**Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Days/Times your child is Available (Check all that apply to you)**

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| **After School** | **Check if this is good for you** |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |

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| **Weekends** | **Check if this is good for you** |
| **Saturday Morning** |  |
| **Saturday Afternoon** |  |
| **Sunday Morning** |  |
| **Sunday Afternoon** |  |

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**Please describe in detail how a Study Buddy can support your child – continue on back if necessary**

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**Personal description of your child (hobbies/ interests personality attributes that you think would be important for a Study Buddy to know) – continue on back if necessary**

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**Parent or Guardian’s Signature**