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

**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**