

**LAKE WASHINGTON SCHOOL DISTRICT
PULL OUT QUEST PROGRAM
2008 - 2009**

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):

- Calling, arranging for speakers, field trip sites
- Locating special materials needed for experiments and special activities
- Speaking on special topics in the classroom - topic area:

Locating research and resource materials, i.e., books, DVDs, etc.

Driving on field trips

Thank you for taking the time to fill out this inventory.