



Launch

EDUCATION

1607 16th Street • Suite 100 • Los Angeles, CA 90404

FAMILY DATA FORM

Student:

First	Last	Email		Sex

Mailing Address:

Street	City	St	Zip	

Billing Address:

Street	City	St	Zip	

Billing same as mailing address? Y / N
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Phone Numbers:

Number	Ext.	Description (Home/Cell)

Parents:

First	Last	Email	Relationship

School: _____ Class Year: _____

Referred By: _____ (please write name and indicate specialty by checking box below)

- Educational Psychologist
 Educational Therapist
 M.D./Psychiatrist
 Launch Education Client
 College Counselor
 School Administrator
 School Teacher
 Test Prep Company
 Sibling Referral
 Child Psychologist / MFT
 Other (please describe relationship) _____

In Case of Emergency, please notify: _____ Phone: _____

PLEASE MAIL, FAX, OR EMAIL TO:

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Office: (310) 310-0800