

Spark After School Program (SASP) — Student Intake Form

Confidential — This information helps us best support your child.

Student Information

- Student Full Name: _____
- Preferred Name/Nickname: _____
- Date of Birth: _____ Grade: _____ School: _____
- Languages spoken at home:

- Does the student receive any school-based services? (circle)
ELL / SPED / 504 / Title I / Other: _____

Family/Caregiver Information

- Primary Contact Name: _____
- Relationship to Student: _____
- Phone Number: _____ Email: _____
- Secondary Emergency Contact Name & Phone:

Academic Interests & Needs

- What are your child's biggest strengths as a learner?

- What areas in math do you feel your child needs the most support?

- What areas in reading do you feel your child needs the most support?

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Academic Interests & Needs (continued)

- What are your child's hobbies or interests? (Helps us connect learning to their passions)

Logistics & Permissions

- I understand the SASP schedule is Mon–Thu, 5–7 PM, and I commit to supporting my child's regular attendance.
 - Yes
- I give permission for my child to be served a light, nut-free snack during the program (if provided).
 - Yes
- I give permission for SASP to take photographs/videos of my child for internal documentation and anonymous marketing.
 - Yes
- I give permission for SASP staff/volunteers to communicate with my child's teacher(s) regarding general academic progress.
 - Yes
- Is there anything else you would like us to know to help your child feel welcome, safe, and successful?

Signature of Parent/Caregiver: _____ Date: _____