



**Fleming**  
EDUCATION GROUP, LLC

**FAMILY QUESTIONNAIRE**

**Name of student**

Full Name – First, Middle and Last Name by which student is called Male    Female

Preferred Home Address for Student

City State Zip Phone (xxx) xxx-xxxx

Birth Date (xx/xx/xxxx) Age Grade to Enter for 2026-27 U.S. Citizen? **YES** **NO**

Present School Address/Phone

**Optional - Student's racial/ethnic background.** For accurate record keeping and to help inform the school-placement process, please complete the following information:

- African/African American
- Asian/Asian American
- European/European American
- Latino/Hispanic American
- Middle Eastern/Middle Eastern American
- Multiracial American (please specify): \_\_\_\_\_
- Native American
- Pacific Islander/Pacific Islander American
- Other (please specify): \_\_\_\_\_

**Parent/Guardian - 1 Information**

Married    Separated    Divorced    Single    Domestic Partner    Guardian    Widowed

Full Name – First, Middle and Last Name

College(s) Attended \_\_\_\_\_ U.S. Citizen? **YES** **NO**

Home Address (if different from above) City, State, Zip

Home Phone (xxx) xxx-xxxx Occupation and Title

Name of Employer

Full Business Address

Work or Cell phone (xxx) xxx-xxxx

Preferred Email Address (work or home?)



**FAMILY QUESTIONNAIRE (P.2)**

**Parent/Guardian - 2 Information**

Married    Separated    Divorced    Single    Domestic Partner    Guardian    Widowed

Full Name – First, Middle and Last Name

College(s) Attended \_\_\_\_\_ U.S. Citizen? **YES** **NO**

Home Address (if different from above)

City, State, Zip

Home Phone (xxx) xxx-xxxx

Occupation and Title

Name of Employer

Full Business Address

Work or Cell phone (xxx) xxx-xxxx

Preferred Email Address (work or home?)

**Please provide information about other adults involved in parenting who may be involved in the school-choice decision-making process.**

Full Name

Relationship to Student

Home Address

Phone (xxx) xxx-xxxx

Name of Employer

Occupation and Title

**Please provide information about the names, birthdates and current schools of siblings:**

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**FAMILY QUESTIONNAIRE (P.3)**

To enable us to know you and your child better, please complete each of the following questions.

What educational goals (dreams, desires and expectations) do you have for your child? How do you see Fleming Education Group, LLC facilitating those goals?

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What are your child's interests (hobbies, academics, arts) or special talents?

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What makes your child *smile* and *sparkle*? (Describe examples of special family traditions, recent trips, celebrations, activities, friendships, etc.)

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Describe your child's academic performance in the current school.

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Describe your child's social/emotional development and behavior at home and at school.

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Is your child receiving counseling or special services in the current school?    **YES**    **NO**



**FAMILY QUESTIONNAIRE (P.4)**

Please describe any special circumstances (medical restrictions, allergies, diagnoses, etc) that should be taken into consideration in identifying your child's school placement.

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If your child has completed psychological/ability testing in the past year, please describe and provide copies of the evaluation results, and/or programming recommendations. *(This would include IEP's, 504 Plans and tests such as WPPSI, WISC, etc.)*

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How did you hear about Fleming Education Group, LLC.?

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Please list your Public School District:

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**LEARNING SPECIALIST/TUTOR REFERRAL SUPPLEMENTAL FORM**

Designing the optimal referral solution is our highest priority. The supplemental information you provide below will help us to identify a 'best-fit' learning specialist or tutor for your child. Upon receipt of the Learning Specialist/Tutor Supplemental form, a Fleming Education Group representative will contact you.

Please complete each of the following questions.

What reservations or questions have you had, or do you currently have, about evaluation processes or support services that may be available to your child?

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Describe your child's social/emotional development and behavior at home and at school.

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From your perspective, what is preventing your child from realizing her/his fullest potential or promise?

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What strategies and interventions have been employed to date at home, at school or through other outside supports?

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