

# STUDENT INFORMATION SHEET

## HOME & FAMILY

Student's name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Email address \_\_\_\_\_

Cell phone number \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

How the child gets to and from school \_\_\_\_\_

Who does the child live with? \_\_\_\_\_

Mother's name \_\_\_\_\_

Mother's personal number \_\_\_\_\_ Mother's work number \_\_\_\_\_

Mother's email \_\_\_\_\_

Father's name \_\_\_\_\_

Father's personal number \_\_\_\_\_ Father's work number \_\_\_\_\_

Father's email \_\_\_\_\_

Siblings attending this school:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home internet access: Yes \_\_\_\_\_ No \_\_\_\_\_

Home email (if different than listed above) \_\_\_\_\_

Can I share parent phone numbers/emails with adult classroom aides/helpers?:

Yes \_\_\_\_\_ No \_\_\_\_\_

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## YOUR STUDENT

What kind of learner is your child? \_\_\_\_\_

\_\_\_\_\_

What is your child most interested in? \_\_\_\_\_

\_\_\_\_\_

What extracurricular activities does your child participate in? \_\_\_\_\_

\_\_\_\_\_

What does your child respond (rewards/discipline) best to? \_\_\_\_\_

\_\_\_\_\_

Any parent / student goals I should be aware of? \_\_\_\_\_

\_\_\_\_\_

Medical / Allergy Issues /Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Concerns / Noteworthy Items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_