

HOME & FAMILY INFORMATION

Student's name			Nickname	
Age	Birthday _		Grade	
Cell phone numbe	r			
Home address				
City	State		Zip code	
How the child gets	to and from scho	ol		
Who does the child	d 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 t	his school:			
Name		_ Grade	Teacher	
Name		_ Grade	Teacher	
Name		_ Grade	Teacher	
Name		_ Grade	Teacher	
Name		_ Grade	Teacher	
Home internet acc	ess: Yes	_ No		
Home email (if diffe	erent than listed a	bove)		
			ult classroom aides/helpers	
Yes No _				



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:				

