

STUDENT INFORMATION

HOME & FAMILY INFORMATION

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 _____

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 _____

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: _____
