

HOME AND FAMILY INFORMATION

Student's name			_ Nickname	
Age	_ Birthday		Grade	
Email address				
Cell phone number				
City	_ State		Zip code	
How the child gets to an	nd 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	er	F	ather's work number	
Father's email				
Siblings attending this sc	hool:			
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 ab	ove)		
Can I share parent phor	ne numbers/er	nails with c	Idult 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: