

Student Information Survey

Child's Name _____ Date of Birth: _____
Mother's Name _____ Father's Name _____
Emergency Home: _____ Emergency Home: _____
Home Phone# _____ Home E-Mail _____
School Cell Phone# _____ Father's Cell Phone # _____
School Work E-Mail _____ Dad's Work E-Mail _____
Home Address: _____

Family Information

Please list siblings and ages: _____

Who does this student live with? (Circle all that apply)

_____ Mother _____ Father _____ Stepfather _____ Stepmother _____ Grandfather _____ Grandmother _____ Uncle _____

Current Household Members: _____

Do you have any pets at home? If yes, what type: _____

Would you like to share any information regarding religious background and/or holidays celebrated? Not celebrated? _____

Medical Information

Is your child supposed to be wearing glasses? _____ For reading or board work? (Circle)

If your child is supposed to be wearing glasses, will he/she lose them at school? _____

If not, please explain: _____

Describe any medical/physical conditions and medications allergies your child has that I need to be aware of: _____

Additional Information

What are your child's teachers, to help your child be successful at school? Please write a few sentences to describe how about your child. (Indicate any of the following, or anything else you feel would help us get to know your child better: participation reading level, or other subjects they study better; your child's social abilities; how they handle teachers; whether children's activities at home that are helpful; reading level; or go to library; and list a family member, and help or help, and) anything or anything that you feel that concerning your child's education: _____

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