



Parent Survey

This information sheet is to help me better understand your child. Please be honest and provide details where necessary.



1. Student Name: _____ Date of Birth: _____

2. Name of Parent (s)/Guardian? _____

3. Home Address: _____

4. Please circle the best way for you to be contacted if needed

Home phone: _____

Mom's work: _____ Mom's cell: _____

Dad's work: _____ Dad's cell: _____

5. Emergency Contact Person (This information must be on file with the front office). Contact person/relationship to student: _____

Phone number: _____

7. Are any languages other than English spoken at home? _____

8. What is the primary way your child will go home each day? _____

*Please send a note if there are going to be any changes in dismissal.

9. Do you have any special concerns about your child? (Academically, socially, medically, etc.)? _____

10. Please list any foods, stings, etc. that may cause allergic reactions with your child

11. Please list two goals you would like to set for your child this year:

12. Please tell me, in one million words or less, if there anything else I should know about your child. Feel free to wrap! Use the back if you need to.

