Student Information

Student Full Name:	Preferred Name?
ALL Parent/Guardian Names Involved (First & Last Names)	
Phone Numbers to be reached during the day: #	Name:
#	Name:
Parent Guardian E-mail(s): I email parents regularly. Which	h email(s) would you like me to use?
Medical Information:	
Allergies to foods or anything else:	
Describe any medical/physical conditions:	
Will your child be wearing glasses? YES / NO If yes, w	when? READING / BOARD WORK / ALWAYS
Additional Information:	
Please write a few sentences to help us understand your c	hild better. (E.g. Study habits, strengths,
feelings/struggles about specific school subjects, your chi	ld's social skills, situations at home (loss of
pet, divorce, death of a family member or friend, new bab	by in the family, etc.), or anything else you
feel would help us better understand your child.	

Family Information:

iblings & Ages	
ne dismissal bell rings, ho	ow will your child be traveling to his/her destination?
Bus	· · · · · · · · · · · · · · · · · · ·
Parent/Guardian	
Relative (Name)	(Relationship to Student)
Friend (name)	
(Hame)	