



STUDENT

INFO



Child's Name: _____ Nickname: _____

Birthday: _____ Age: _____

Mother's Name: _____

Phone: _____ E-Mail: _____

Address: _____

Father's Name: _____

Phone: _____ E-Mail: _____

Address: _____

Main Transportation to School (please circle): Bus # ____ car walk

Siblings? Names and Age/Grade/Teacher: _____

Child's Allergies/Health concerns: _____

What are your child's special interests? _____

Favorite color: _____ Food: _____ Activity: _____

Tell me about your child's strengths/special abilities:

Tell me about your child's weaknesses/fears:

Tell me about your child's experiences in school last year:

Does your child have any thoughts, concerns about this year?

Is your child reading often? How do they feel about reading?

What are your expectations for this school year?

Tell me anything else you think I should know...