



STUDENT INFO



Child's Name ----- Birthday (month/day/year) -----

Parents' Names -----

Address -----

Phone numbers: home ----- cell ----- work -----

Email(s) -----

How will your child get home? walk car bike bus# ----- daycare -----

Person to call in case of an emergency ----- phone -----

Are there any medical needs or conditions of which I should be aware? (allergies, asthma, etc.) -----

Student lives with: (Please check all that apply.)

☐ Both parents

☐ Single parent (circle one) Mother Father

☐ Guardian (specify -----)

☐ Siblings (ages and schools attending) -----

How long has your child attended our school? -----

What other elementary schools has your child attended? -----

What are your long-term goals concerning your child's education? (e.g. graduate high school, attend college, etc) -----

What are your child's extra curricular activities? -----

What would you like for me to know about your child? -----