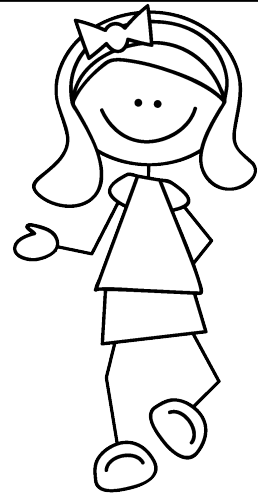


# Student InFOrmation Sheet



Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

## Parent / Guardian Information

Parent/Guardian #: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Can call work: Y / N

E-mail: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Can call work: Y / N

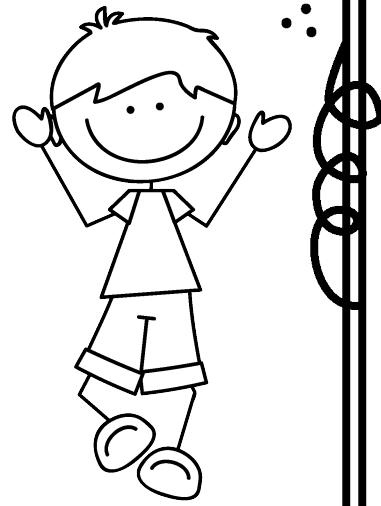
E-mail: \_\_\_\_\_

Student lives with: \_\_\_\_\_

Siblings (List age & grade level): \_\_\_\_\_

\_\_\_\_\_

# Student Information Sheet (cont.)



How will your child get home? (please circle)

Walk Car Bike Bus Daycare Other: \_\_\_\_\_

Who will they go home with? \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_

\_\_\_\_\_

Other medical information: \_\_\_\_\_

\_\_\_\_\_

Questions/Comments: \_\_\_\_\_

\_\_\_\_\_

Please return by

\_\_\_\_\_.

# All About

-----  
(Student Name)

I look forward to being your child's teacher this year.  
Please help me get to know your child by filling out this  
form.

Interests:

Favorite Color:

Favorite Food:

Favorite Subject:

Favorite \_\_\_\_\_:

My child enjoys:

My child dislikes:

Goals for my Child:

Other Comments to Share:

