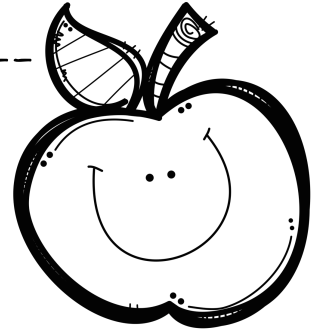


Student Information Sheet

Full name: _____

Prefers to be called: _____

Birthday: _____



Please list any medical information and/or allergies:

Child's Siblings:

Name:

Age:

Grade/Teacher:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact Information

Parent/Guardian #1: _____ Relation: _____

Home # _____ Cell # _____

Work # _____ Can I call you at work? yes/no

Email address: _____

Preferred method of contact: _____

Parent/Guardian #1: _____ Relation: _____

Home # _____ Cell # _____

Work # _____ Can I call you at work? yes/no

Email address: _____

Preferred method of contact: _____

Transportation

Child lives with (circle all that apply):

father mother grandfather grandmother

other: -----

Address: -----

How will your child go home on the FIRST day of school?

On bus # ----- Daycare Van: -----

Car Bike Walk

Other: -----

How will your child normally go home?

On bus # ----- Daycare Van: -----

Car Bike Walk

Other: -----

Tell Us More!

Please leave any additional information that you would like me to know about your student (i.e. personality, strengths, weaknesses, interests, etc.)!

Credits

Created by: Faren DeRieux at
"Elementary My Dear Watson"

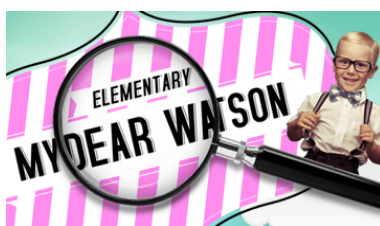
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