

Student Information

The following information will help your child's teacher familiarize herself with your child and alert the staff of any special concerns of which we should be aware. Thank you in advance for your cooperation!

Child's Name: _____ Class _____

Date of Birth: _____ Male/Female (Please Circle)

Parents' Names: _____

Siblings (Names and ages): _____

What would you like to see your child learn during the coming school year? _____

Please explain any separation anxiety that your child may display. _____

Please explain your child's language. Does he/she communicate wants/needs well (in an age appropriate manner)? Do others understand what your child is saying? Do you have any concerns about his/her speech skills?

Do you have any vision and/or hearing concerns? If yes, please explain: _____

Does your child have any diet limitations and/or food allergies? If yes, please explain: _____

*Please complete the back of this form.

