



Student Information Sheet

Basic Info:

Student's Legal Name: _____

Name to be used in school: _____

Date of Birth: _____

Child lives with (check all that apply):

____ mother ____ father ____ grandmother ____ grandfather
____ other: _____

Child's siblings and grade levels/ages:

| Name | Age | Grade/School |
|------|-----|--------------|
| | | |
| | | |
| | | |

Important medical information/allergies:

Transportation

How will your child be transported to and from school?

(Circle days)

_____ **Bus #** _____ (Before School) _____ **Bus #** _____ (After School)

Which day(s):

M Tu W Th F

_____ **Daycare** **Name of Daycare:** _____

M Tu W Th F

(Before school, After school, or Both (circle one))

_____ **Car (drop off)** **Name (if other than a parent):** _____

M Tu W Th F

_____ **Car (pick up)** **Name (if other than a parent):** _____

M Tu W Th F

_____ **Walk to school** _____ **Walk home**

M Tu W Th F

Getting to Know Your Child

My child's interests and/or hobbies include: _____

Something my child is very successful at: _____

Something my child has difficulty with: _____



What motivates your child?



What kind of things upset your child?



What are three goals you have for your child this year?

1.
2.
3.

5 Words that describe your child and his/her personality:

•
•
•
•
•



My child approaches learning with (please check all those that apply):

excitement curiosity anxiety confidence reluctance
 interest other: _____



We do not celebrate these holidays:



Pets:

| What kind of pet? | Name |
|-------------------|------|
| | |
| | |
| | |

Other comments you would like to share about your child: _____

Thank you so much for taking the time to fill out this important survey. It provides me with very valuable information about your child. All information will be kept confidential.

Sincerely,

Renette Boudreau