

Student Information Sheet

Please fill out the information below. It will help me in case of emergencies and to know more about your child.

| Child's Information | | | | | |
|---|---------------|----------------|-----------------------------|--|--|
| Child's Name: | | | | | |
| Child's Birthday: | | | | | |
| Allergies: (If yes, what?) | | | | | |
| Favorite Color: | | Favorite Food: | | | |
| Favorite Animal: | | Hobbies: | | | |
| Siblings at School: (If yes fill in, if no leave blank.) | Sibling Name: | | Teacher Name: | | |
| | Sibling Name: | | Teacher Name: | | |
| | Sibling Name: | | Teacher Name: | | |
| Child Lives With: | | | | | |
| Home Address: | | | | | |
| Mother's Information | | | Father's Information | | |
| Mother's Name: | | | Father's Name: | | |
| Mother's Phone Number(s): | | | Father's Phone Number(s): | | |
| Mother's Email Address: | | | Father's Email Address: | | |

Directions: Please read the questions carefully and answer by circling yes or no.

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| 1. Do you have a computer at home? | YES | NO |
| 2. Do you have access to internet at home? | YES | NO |
| 3. Would you like to receive class news via email? | YES | NO |

If you have any additional information you would like to share with me about your child please write it on the back of this paper. For example: What academic, behavioral, or social goals do you have for your child?