

STUDENT INFORMATION FORM

School Year: _____ - _____

Parents: Please fill out this sheet which will identify important information I should know about your child in order to better understand his/her particular situation.

Student's Name: _____ Grade: _____

Date of Birth: _____ Age: _____

School previously attended: _____ Grade: _____

List any personality traits and/or background information that will help me better understand your child (ex. *emotional, outgoing, introverted, talkative, shy, hyperactive, friendly, sociable, high/low self-esteem, short attention span, etc.*):

Academic strengths (subject areas): _____

Academic weaknesses (subject areas): _____

List any allergies or illnesses that will need our attention:

Diabetes Epilepsy Asthma Other _____

Allergies: _____

Special Instructions regarding daily medication needed (if any):

Do you authorize the school to give your child over the counter medications like Children's Tylenol, Children's Motrin, Children's Benadryl, Pepto Bismol, eye drops, etc., when and if deemed necessary?

Yes No

If no, please explain: _____

Describe any particular family situation you would like for us to be aware of (*divorce, deceased or ill close family member, troubled past experiences, newborn sibling, etc.*)

List any diagnosed areas of deficit (*incl. ADHD, speech or hearing impairments, learning or emotional disabilities, problems with vision, ASD, etc.*)

Name of parent filling out form: _____

Relationship to student: _____ Cell Phone: (____) _____

E-Mail: _____

Name of Parent/Legal Guardian: _____

Parent/Guardian Signature: _____

Date: _____