

## Student Information Sheet

Please complete this form about your child and send it back to school at your earliest convenience. This sheet will help me get to know your child on a more personal basis and allow me to best meet your child's needs and interests.

*This is only for use by Director of ALC and the classroom teachers.*

Child's Full Name \_\_\_\_\_

Child's Nickname \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Child's Full Address \_\_\_\_\_

Child's Phone Number \_\_\_\_\_ (A number that you would want the child to know)

Parents or Legal Guardians

Name & Relationship

Home #

Cell #

Work #

Name & Relationship	Home #	Cell #	Work #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Email Address(es) that a parent or guardian uses: \_\_\_\_\_

Who are the important people in your child's life? \_\_\_\_\_

1. What is your child's address? \_\_\_\_\_

1b. Parent or Legal Guardian's address (if different)? \_\_\_\_\_

2. Does your child have any allergies or health concerns? \_\_\_\_\_

3. How many other children are in the family? (Name and ages) \_\_\_\_\_

4. What are your child's interests/likes? \_\_\_\_\_



5. Does your child have any pets (names & type)? \_\_\_\_\_

6. Does your child participate in any afterschool activities? \_\_\_\_\_

7. What kind of books does your child like to read (if applicable)? \_\_\_\_\_

8. Does your child read to you or do you read to your child? \_\_\_\_\_

9. What types of TV shows does your child watch or enjoy? \_\_\_\_\_

10. What Characters for they like? \_\_\_\_\_

11. What type of technology does your child use independently? (Computer, internet, IPad, etc.) \_\_\_\_\_

12. What responsibilities does your child have at home? \_\_\_\_\_

13. What are your child's academic strengths? \_\_\_\_\_

14. What would you like your child to accomplish academically this year? \_\_\_\_\_

15. What are your child's strengths socially? \_\_\_\_\_

16. What would you like your child to work on socially this year? \_\_\_\_\_



17. Do you have any concerns going into this school year? \_\_\_\_\_

\_\_\_\_\_

18. Is there anything happening at home that might affect your child? (Divorce, illness, recent death, etc.) \_\_\_\_\_

\_\_\_\_\_

19. Are there any medications being taken at school or home? \_\_\_\_\_

20. Anything else I should know about your child to help make the school year the most successful?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Continue on the back if needed)*

**As we begin our communication, I hope we can work together as a team to help your child succeed and have a great year!**

