

Student Information

(please print)

Full Name _____
Date of Birth _____
Last Year's School _____

Preferred Name _____
Present Age _____

Home Address _____

Mother's Name _____

Home Phone _____

Email _____

Cell Phone _____

Father's Name _____

Home Phone _____

Email _____

Cell Phone _____

What are the names and grades of your child's siblings? _____

Are there any special needs that your child has that I should know?

What are your child's strongest abilities in school? _____

What in school challenges your child the most? _____

What are your child's after school hobbies or activities? _____

Are there any special circumstances or situations that I should know? _____

What makes your child happy? (Does not have to be school related) _____
