

**STUDENT INFORMATION SHEET**

Revised 08/17

**Student's Full Name:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
(if applicable)

**Our family lives in:**    house    apartment    farm    other: \_\_\_\_\_

**Household Residents: (list all individuals who live with the student)**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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**Our Family has the following pets:** \_\_\_\_\_

**Please list any special traditions your family participates in: (e.g. ethnic, cultural, or religious)** \_\_\_\_\_

**List any fears your child may have: (e.g. storms, dogs, costumed characters, the dark)** \_\_\_\_\_

**When your child begins to get sick, what symptoms do they display: (e.g. withdrawn, grouchy, whiny, sleepy)** \_\_\_\_\_

**What are some of your child's favorite toys/activities?** \_\_\_\_\_

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**Does your child participate in any special activities? (e.g. tee-ball, soccer, gymnastics, dance, etc)** \_\_\_\_\_

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**What favorite school activity is your child looking forward to?** \_\_\_\_\_

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**At home, what type of discipline is used or what works best for your child?** \_\_\_\_\_

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**What abilities does your child need enrichment in?** \_\_\_\_\_

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**What concerns (if any) do you have about your child?** \_\_\_\_\_

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**What would you like us to know about your child that will aid us in their school experience?** \_\_\_\_\_

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