*Please complete and return the following information as soon as possible.*

**Student Information Sheet**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*What is the preferred method of contact for classroom updates? Phone or Email

Child’s allergies/health concerns (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am available to help with (check as many as applicable):

\_\_\_\_ Typing newsletters

\_\_\_\_ Making teacher stuff on home computer (like banners)

\_\_\_\_ Coming into the classroom to help with students

\_\_\_\_ Coming into the classroom to do teacher stuff (such as bulletin boards)

\_\_\_\_ Doing teacher stuff at home (such as cutting or making class books)

\_\_\_\_ Helping with parties

\_\_\_\_ Providing treats when asked

\_\_\_\_ Field trips

\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Just ask!

When are you available to help in the classroom?

Monday \_\_\_ Morning \_\_\_\_ Afternoon

Tuesday \_\_\_ Morning \_\_\_\_ Afternoon

Wednesday \_\_\_ Morning \_\_\_\_ Afternoon

Thursday \_\_\_ Morning \_\_\_\_ Afternoon

\_\_\_\_ Irregular schedule; feel free to call and ask

|  |
| --- |
| Tell me about your child’s strengths/special abilities:  |
|  |
|  |
| Tell me about your child’s weaknesses/fears:  |
|  |
|  |
| What is your child’s favorite subject? Is there any subject your child does not like?  |
|  |
| Tell me about your child’s experience in school last year: |
|  |
|  |
| Does your child have any concerns about this year?  |
|  |
| Tell me anything else you think I should know! |
|  |
|  |
|  |