

2022-2023 For My Teacher

Student's Name: _____ Date of Birth: _____

The following information is requested to help your child's teacher understand your child. We believe your input will enable the teacher to relate and help him/her adjust to the school environment.

Mother's Name: _____ Phone# _____

Mother's Email Address: _____

Father's Name: _____ Phone# _____

Father's Email Address: _____

Marital Status of Parents: Married _____ Separated _____ Divorced _____

Siblings: Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

In Case of Emergency Name:

(other than yourself & spouse) _____ Phone: _____

The following people have my permission to pick up my child.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Church attending and Religious affiliation: _____

List any food or medication allergies:

List history of serious illnesses:

Is your child currently taking daily medication: Yes _____ No _____ ?

If "yes" please explain the reason for the medication. _____

Please list special dietary needs: _____

Disciplinary methods used at home: _____

Please list any other information which might help the teacher understand your child.
(Personal concerns)
