

# 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)

\_\_\_\_\_