

**2019 - 2020**  
**For My Teacher**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

The following information is requested 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)** \_\_\_\_\_ **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).** \_\_\_\_\_