

2020-2021

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. _____