

Student Information Profile

Student Name: _____ Nickname: _____

Birthday: _____ Allergies: _____

Age: _____ Home Phone: _____

Primary Address: _____

Parent Name: _____ Parent Cell: _____

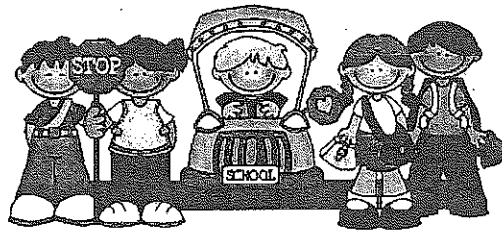
Parent Name: _____ Parent Cell: _____

E-mail address: _____

Emergency Contact Name: _____

Relationship to Student: _____ Phone: _____

Did your child attend preschool? Yes No



Transportation from school (please circle)

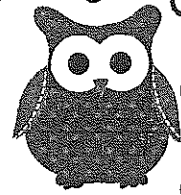
First Day:

Car Walk Bus # _____ Daycare _____

Remainder of the Year:

Car Walk Bus # _____ Daycare _____

WHOOO IS YOUR CHILD?



student's name: _____

1. What three words best describe your child?

2. What does your child like to do for fun OUTSIDE of school?

3. What are your child's strengths? _____

4. In what area(s) would you like to see your child improve?

5. What motivates your child?

6. What kind of things upset your child?

7. How would you rate your child's attitude toward school?

1 2 3 4 5 (super)

8. How would you rate your child's sense of responsibility?

1 2 3 4 5 (super)

Please list any holidays your child does not celebrate below. (If your child does not celebrate any holidays, simply write all)

Student lives with: (Please circle all that apply)

Both parents Single parent: Mother Father

Other _____

Do you have any concerns you would like to share? If so, please feel free to add any additional information you think would be helpful on the back.