

STUDENT INFORMATION SHEET

Please complete this form as soon as possible, so that I can get to know your child. Your insight is valuable. Thank you

Student's name _____

Nickname _____

Birthday _____

Allergies or health concerns _____

Any other siblings at this school? _____

Any holidays your child does not celebrate? _____

What does your child like to do at home? _____

What is your child most interested in? _____

STUDENT INFORMATION SHEET

Please complete this form as soon as possible, so that I can get to know your child. Your insight is valuable. Thank you

How does your child learn best?

What are your goals for your child this year?

Any areas of concern?

Any other information you would like me to know about

