



Student Information Form

The information below is intended for your child's teacher to help promote success in the classroom and at home.

Child's Name: _____ DOB: _____

Mother's Contact Information:

☐ Not applicable

Name: _____ Occupation: _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Email: _____

Preferred Method of Communication: ☐ Phone Call ☐ Text ☐ Email ☐ In-Person

Father's Contact Information:

☐ Not applicable

Name: _____ Occupation: _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Email: _____

Preferred Method of Communication: ☐ Phone Call ☐ Text ☐ Email ☐ In-Person

About My Child:

Allergies (medication, seasonal, food, etc.): ☐ None

Reaction to Known Allergies: _____

Child's Special Interests/Likes: _____

Child's Dislikes/Fears: _____

My child is great at: _____

My child needs help with: _____

My child is motivated by: _____

Goals I have for my child this year include:

1. _____

2. _____

3. _____

When my child has trouble sleeping, this works for me:

When my child is upset, this helps them settle down:

Other important information I would like the teacher to know about my child:

Are there any custodial agreements issued by the court we should be aware of? If yes, describe below. Additional documentation or copies of court orders may be required.

☐ Yes ☐ No

Parent's Signature

Date