

Student Information Sheet

Please fill in this sheet and return it to school by the end of the first week. Thank you.

STUDENT NAME		GOES BY	BIRTHDAY	GRADE
HOME ADDRESS			LANGUAGES AT HOME	
PARENT OR GUARDIAN	RELATIONSHIP	PHONE	EMAIL	
OTHER EMERGENCY CONTACT	RELATIONSHIP	PHONE	BEST WAY TO REACH YOU	
GETTING HOME		ALLERGIES, MEDICAL NEEDS AND MEDICINES		
☐ Bus (Number Below) ☐ Car Pickup ☐ Walks Home ☐ After-School Program ☐ Daycare or Sitter				
BUS NUMBER OR PICKUP PERSON		OTHER ADULTS ALLOWED TO PICK UP		
STRENGTHS AND INTERESTS		WHAT HELPS THE STUDENT LEARN		
ANYTHING ELSE THE TEACHER SHOULD KNOW				
PARENT OR GUARDIAN SIGNATURE			DATE	