Student Information Sheet

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father)

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mother) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact you: (Please Circle)

Cell Phone Email Work Phone Home Phone Note

Siblings:

|  |  |  |
| --- | --- | --- |
| Name | Age | School/Grade |
|  |  |  |
|  |  |  |
|  |  |  |

Any allergies/health concerns: (if any)

Tell me about your child’s strengths/special abilities:

Tell me about your child’s weaknesses/fears:

What is your child’s favourite subject? Is there any subject your child does not like?

Does your child have any concerns about this year?

Tell me anything else you think I should know!

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_