



NEW STUDENT INFORMATION SHEET

Date: _____

1 Child's name _____ Nickname _____

2 Child's birthday _____

3 Mother's name _____ Occupation _____

Hobbies _____

4 Father's name _____ Occupation _____

Hobbies _____

5 People in household: Brothers and sisters -

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Others -

Name _____ Age _____ Name _____ Age _____

6 Pets? _____ Kind(s) and name(s) _____

7 Allergies? _____ To what? _____

How are they manifested? _____

Is your child taking medicine for it? _____

Will your child be taking this medicine during school hours? _____

8 Within the past 12 months, has your child been hospitalized? _____

Any medical problems for which your child is under medical care? _____

Any special precautions which should be taken because of this? _____

9 Is your child usually: Active? _____ Sedate? _____ Quiet? _____ Aggressive? _____

10 Eating habits: Does he eat much? _____ Time of day? _____ Fast or Slow? _____

11 Does your child usually nap? _____ How long? _____

12 Any unusual habits? _____

13 Has your child had any emotional upset lately that would affect their behavior? (new baby, move, surgery, etc.)

14 Any bowel or bladder problems? _____

Can your child toilet alone? _____

15 Has your child had opportunities to play with other children? Y N Ages? _____

On the back of this page, please write a brief introduction to your child. This may be his/her normal schedule, interests, likes, dislikes, or anything that will help the teachers know your child more personally.