



# 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.**