

# Student Information Sheet

Child's Name \_\_\_\_\_

Name they like to be called \_\_\_\_\_

Birthday \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent Work Numbers Mom \_\_\_\_\_ Dad \_\_\_\_\_

Email address \_\_\_\_\_

Siblings (name, age, grade, school attending)

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Are there any physical problems or chronic illness that would be helpful for me to know about (i.e. allergies, eyesight, hearing, bladder control, etc.)?

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What do you feel are your child's strengths?

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What do you feel are your child's challenges?

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What are your child's special interests, hobbies, or abilities?

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Has your child accepted Jesus as his/her Lord and Savior?

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Any additional comments?

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