

STUDENT INFORMATION SHEET

2019-2020

CHILD'S NAME _____ D.O.B. _____
NICKNAME _____ PHONE _____
ADDRESS _____

NAME CELL NUMBER WORK NUMBER

FATHER _____

MOTHER _____

STEP-PARENT _____

GUARDIAN _____

IN CASE OF EMERGENCY, WHO SHOULD BE CONTACTED
(NAME AND NUMBER):

1. _____
2. _____
3. _____

NAME AGE GRADE SCHOOL SIBLINGS

(if future St. Thomas student please list birthday)

DEVELOPMENT

- Does your child have any allergies? If so, an allergy plan is required please see the Director and teachers for more information.

Explain _____

-Does your child have a history of asthma?

Explain _____

-Has your child been evaluated by a speech/language specialist?

Explain _____

-Has your child been evaluated by an educational or behavioral psychologist?

Developmental Pediatrician? The Intermediate Unit? If so, please explain and would you be willing to share the written report with the teachers?

-Does your child have any fears(new places, new people, leaving parents, darkness, sirens, thunderstorms, animals, etc)

Explain _____

SOCIAL INFORMATION

-What is your child's attitude toward bathrooming?

-Describe your child's sleeping habits. _____

-Describe your child's temperament. _____

-Has anything happened within your family structure during the last year which has had a positive or negative effect on your child? _____

Thank you for your time and cooperation in completing this form.

Date _____ Parent/Guardian

Signature _____

