

# STUDENT INFORMATION SHEET

## 2020-2021

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 \_\_\_\_\_

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\_\_\_\_\_  
-Does your child have a history of asthma?

Explain \_\_\_\_\_

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-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?

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

Explain \_\_\_\_\_

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SOCIAL INFORMATION

-What is your child's attitude toward bathrooming?

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-Describe your child's sleeping habits. \_\_\_\_\_

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-Describe your child's temperament. \_\_\_\_\_

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

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

Date \_\_\_\_\_ Parent/Guardian

Signature \_\_\_\_\_