



## STUDENT INFORMATION SHEET

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

Nickname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_

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

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

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

Emergency Contacts: Name & Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Siblings (if a future STP student please list birthdate):

Name & Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies/Asthma (if your child has an allergy, please see your child's teacher for an Allergy Action Plan Form)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child been evaluated for speech, vision, hearing, OT, PT or behavior services?

\_\_\_\_\_

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Any additional information that you would like to share about your child/family:

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Thank you for your time in completing this form!

Parent/Guardian Signature

Date

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