

Parent Survey



This information sheet is to help me better understand your child. Please be honest and provide details where necessary.

1. Student Name: _____ Date of Birth: _____

2. Name of Parent(s)/Guardian _____

3. Home Address _____

4. Please **star** the best way for you to be contacted if needed:

Home Phone: _____

Mom's Work: _____ Mom's Cell: _____

Dad's Work: _____ Dad's Cell: _____

5. Emergency Contact Person (This information must be on file with the front office)

Contact Person _____ Relationship to student: _____

Phone Number _____

6. Are any languages other than English spoken at home? _____

7. What is the primary way your child will go home each day? _____

*Please send a note if there are going to be any changes in dismissal.

8. Do you have any special concerns about your child (academically, social, medically, etc.)?

9. Please list any foods, stings, etc. that may cause allergic reactions with your child.

10. Please list two goals you would like to set for your child this year.

11. Please tell me, in one million words or less, if there is anything else I should know about your child. Feel free to use the back of this sheet if you need to.

