

Student Information Sheet

Student Name (First and Last): _____

Preferred Name: _____

Parent/Guardian 1: _____

Best phone number to contact you: _____

Best time to reach you: _____

Email address: _____

Parent/Guardian 2: _____

Best phone number to contact you: _____

Best time to reach you: _____

Email address : _____

Areas of strength for your student

Areas you would like your student to improve on (does not have to be academic. Ex: confidence, organization skills, practicing patience, etc.)

Health information that we need to know about your child (medications, allergies(both food and other), etc.)
