

Student Info Sheet

Child's Name: _____ DOB: _____

Mom's Name: _____ Occupation _____

Dad's Name: _____ Occupation _____

Home Address: _____

City/Zip: _____

Home Phone: _____

Mom Work Phone: _____ Mom Cell: _____

Dad Work Phone: _____ Dad Cell: _____

Allergies: _____

Child's Special
Interests/Likes: _____

Child's Dislikes/Fears: _____

Goals I have for my child this year:

- 1.
- 2.
- 3.

When my child has trouble sleeping, this works for me _____

When my child is upset, this helps them settle down _____

Other important information I would like the teacher to know about my
child:

