

STUDENT INFORMATION SHEET

Dear Parents: Please complete this form as soon as possible, so that I may better reach and teach your child. Your insight is very valuable, as you know your child best!

Student Name: _____

Nickname _____ Birthdate _____ Age: _____

Parent/Guardian name(s) _____

Parent emails _____

Parent Phone number(s) _____

Siblings & ages _____

Student Allergies/Health concerns _____

Is this information on your child's emergency card? YES NO

What is your child best at? _____

What does your child need extra help with? _____

Does your child have any special interests? _____

Any major fears? _____

If there is any other information you'd like me to know about your child, please tell me on the back!

I look forward to getting to know your child!

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