



Student Information Sheet

Last Name _____ First Name _____ Middle I _____

Home Phone _____ Emergency Phone _____

Birthday _____ (Please include year)

Parents or Guardians _____

Home Address _____

Email Address _____

Medical Concerns _____

My Child likes to be called _____

My child participates in (after school) _____

What is your favorite subject? _____

What do you most want for your child in 4th grade? _____

Does your child have any special concerns that you want me to be aware of? _____

One thing you like best about your child? _____

Additional Comments: _____
