

# STUDENT INFORMATION

## CONTACT INFO

Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_

Do you prefer text \_\_\_\_\_ or email \_\_\_\_\_ for contact?

Email \_\_\_\_\_

Glasses? YES or NO

Seizures? YES or NO

Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Triggers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical/Medical Concerns

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A LITTLE MORE  
ABOUT YOUR  
KIDDO YOU  
MAY  
WANT US  
TO KNOW

What are your child's strengths?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's weakness'?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's accommodations?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What does your child need extra help with?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other information would you like me to know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_