

Student Name: _____

Student Birthday: _____ Age: _____

Mother's Name: _____

Father's Name: _____

Email Address: _____

Email Address: _____

Street Address: _____

Street Address: _____

Cell Phone: _____

Cell Phone: _____

Does your student have any special needs in a classroom setting (allergies, shy, speech, etc.? If so, please explain:

Please share two academic goals you have for you student this school year:

1. _____

2. _____

Please share two social/emotional goals you have for you student this school year:

1. _____

2. _____

What are some interests, likes and dislikes that your student has outside of school?

Is there anything additional that you would like to share to help your student have a great school year:

