



Date submitted: _____

Student Information

Please take a moment to share the following information about your child. Your responses will help us understand how best to serve your child's interests and needs. Feel free to elaborate on any of the information in writing or during your child's orientation visit prior to the first day of school.

Child's name: _____ Date of birth: _____

Name to be used at school if different from above: _____

Parent/Guardian Name: _____ Occupation: _____

Parent/Guardian Name: _____ Occupation: _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Any other person(s) living in the child's home: _____

Who takes care of child's daily routine? _____

Does the parent/guardian travel frequently? _____

Are there pets in the home? Please include type and name:

Languages spoken at home:

Are there any cultural practices at home that you would like the school to be aware of?

Have there been any recent family changes? Please indicate when:

Move: _____ Job change: _____ New baby: _____ Family death: _____

Parent separation: _____ Serious illness: _____ Loss of pet: _____

Other: _____

Does your child take regular medication? _____ If yes, for what? _____

How does this affect your child's behavior/mood? _____

Does your child have allergies? If so, please list: _____

*Please note: if your child has allergies that must be managed at school, please complete the **Allergy Alert** form and contact the NFCNS Director for more information on allergy management.*

Was your child born prematurely? _____ If so, at what gestational age was your child born? _____

Has your child shown any developmental concerns? _____ If yes, please provide more information: _____

Is your child currently, or has your child received any type of therapy or early intervention? _____ If yes, please provide more information: _____

Is your child toilet trained? _____ If yes, at what age? _____
What "cue" does your child give when h/she needs to use the toilet? _____

Does your child have difficulty with separation? _____ If yes, please explain: _____

Has your child had regular experience with other children in social situations and groups? _____

Does your child have any fears? _____

What three words best describe your child? _____

What toys and activities does your child most enjoy? _____

What suggestions do you have for your child's teachers to help develop a positive relationship with your child? _____

Is there anything else you would like to mention? _____
