

Student Information Form For Your Child's Teacher

Child's name: _____

Best EMAIL address to contact you about class parties/events: _____

Home Life Information

Do biological parents live together? _____

If not, where does the other parent live? _____

Who does the child live with? _____

List all persons living in the household:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List all pets in the household:

Name: _____ Type: _____

Name: _____ Type: _____

Name: _____ Type: _____

Miscellaneous Information

Do you attend church? _____ Where: _____

Has your child attended preschool or mother's day out before? _____ If so, how was your child's adjustment? _____

What does your child like to do? _____

What are some strengths you see in your child? _____

Is there anything else we need to know about your child that would help us understand your child better? _____

What are some of your expectations for this year of preschool? _____
