

Student information



sheet

Please fill out all of the information. It will help me in case of emergencies and to know more about your child.

CONTACT INFORMATION

Child's Name: _____ Birthday: _____
Mother's Name _____ Father's Name _____
Child lives with _____
Home Address _____ Home Phone # _____
Mother's Cell #: _____ work #: _____ email: _____
Father's Cell #: _____ work #: _____ email: _____
Emergency Contact Name _____ Phone # _____

Please **circle** the best way to contact you during the day above.

ABOUT YOUR CHILD

1. What is the primary way your child will go home each day? (Circle one) Car Bus Walk Afterschool
• Please send a note if there is a change in dismissal transportation.
2. Does your child have any siblings at this school? Please indicate what grade level and class they are in.

3. Please list any foods, stings, etc. that may cause allergic reactions with your child below.

4. Please list two goals you would like to set for your child this year:

5. What are your child's out of school interests and activities? (baseball games, piano, dance recitals, etc.). Please send a schedule. I would like to attend your child's activities outside of school.
6. What motivates and upsets your child?
MOTIVATES UPSETS
7. Do you have any special concerns about your child? (academically, socially, medically)?

8. Are there any holidays your child does not celebrate?

Please use the back of the paper to share anything else you would like for me to know about your child.

Student Learning



This informational survey is to help me better understand your child. Please be honest and provide details where necessary.

1. What is your your child's favorite subject?

2. What is your child's BEST subject?

3. What is your child's WORST subject?

4. My child does well with a teacher who

5. My child learn best when

6. My child works best (**Circle One**) Alone With a Partner In a Group
7. My child's favorite sports/hobbies are _____
8. My child does not do well when

9. This year, I want my child to learn

10. I prefer for my child to sit _____
11. How would you rate your child's attitude about school? 1 2 3 4 5
12. How would your rate your child's sense of responsibility? 1 2 3 4 5
13. Write three adjectives that BEST describe your child?

14. Please list any holidays that your child does not celebrate. (List ALL)

15. Use the space below to write anything else that you feel is important for me to know about your child. You may use the back if you need to.

VOLUNTEER



We love volunteers in our classroom! If you are interested in helping, please fill out the form below.

Please indicate the best way to communicate with you about volunteering with a star.

Name _____ Phone Number: _____
Email _____

I would love to help with (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> making copies | <input type="checkbox"/> laminating, cutting |
| <input type="checkbox"/> helping with class parties | <input type="checkbox"/> one on one tutoring |
| <input type="checkbox"/> small group tutoring | <input type="checkbox"/> reading with students |
| <input type="checkbox"/> Homeroom Parent Committee (HPC) | <input type="checkbox"/> Head Homeroom Parent of HPC |

Other (Please list other things you would be willing to do to help our classroom/students) _____

I cannot come to school, but I can help from home. Please send things for me to do.

When are you available? (please circle one) morning afternoon anytime

Check the days you are available to volunteer:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

THANK YOU! Mrs. Davis

Movie

permission



Dear Parents,

There will be times throughout this year for the students to watch movies. Some movies may be PG. Our district requires that movies we watch be rated G, so in order for your child to participate in these instances where movies are shown in the classroom, you will need to complete and return this form giving your permission for your child to participate.

Thank you,

Mrs. Davis



-
- I give my child permission to watch PG movies this year.
 - I do not give my child permission to watch PG movies this year and understand that he/she may have to participate in an alternate activity.

Student's Name

Parent Signature

* If there are specific PG movies that you wish for your child not to watch, please list those on the back of this form.

PHOTOGRAPH



Dear Parents,

permission

Social media is an important platform to share with others all of the wonderful things that we are doing in our classroom. I use Class Dojo, and our classroom website to share ideas and photographs from our classroom. I will only post photographs with your permission.

Thank you,

Mrs. Davis



- I give my child's teacher permission to place photos of my child participating in class activities on ClassDojo and our classroom website.
- I do not give my child's teacher permission to place photos of my child participating in class activities on ClassDojo and our classroom website.

Student's Name

Parent Signature

Transportation Form: 3rd Grade, Mrs. Davis

Child's Name: _____

To School:

My child:

____ gets to school by bus - - the bus number is _____

(When providing a bus number, please remember to include C, WC, D, etc. with your child's bus number.)

____ is a car rider

____ attends morning school care at school

(please specify which days) _____

From School:

My child:

____ goes home by bus - - the bus number is _____

____ is a car rider (please specify with whom) _____

____ attends afternoon school care at school

(please specify which days) _____

If your child has a different transportation routine on different days of the week, please specify this. It is very important that I know where your child is coming from or going to each day for their safety. Thanks for your communication.

Mrs. Davis

First Day Dismissal (From School on Monday, August 20th):

My child:

____ goes home by bus

____ is a car rider (please specify with whom) _____

____ attends afternoon school care at school

First Week Dismissal (From School Tuesday, August 21st-Friday, August 24th):

My child:

____ goes home by bus

____ is a car rider (please specify with whom) _____

____ attends afternoon school care at school

Parent Signature _____ Date: _____