Child’s name

Nickname (if any)

Home Address

Home Phone

Mother’s name

Mother’s Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell #

Email Address

Father’s name

Father’s Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell #

Email Address

Emergency Contact Person

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #

Child’s Birthday

Languages spoken in the home

Allergies (including food)

Medications/Medical Conditions

Brothers/Sisters in school (name & class)

How will your child USUALLY come to school?

 First Week Dismissal Rest of the Year

1. If you would like to volunteer in the classroom, please check the ways below:

\_\_\_ Room parent

\_\_\_ Parent tutor

\_\_\_ Clerical (copying, laminating, etc)

\_\_\_ Monday Folder filer

\_\_\_ Healthy snack (weekly or monthly)

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the child’s mother been Approved by Wake County to:
* chaperone on a field trip? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* volunteer in the classroom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Has the child’s father been Approved by Wake County to:
* chaperone on a field trip? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* volunteer in the classroom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. What do you consider to be your child’s strengths?

1. What do you consider to be your child’s weaknesses?

1. How would you describe your child’s attitude toward school and his/her work ethic?

1. Please describe your child’s homework routine (where, when, how).

1. What are your goals for your child this year?

1. Please list any other comments, concerns, or things that you would like for me to know about your child in the space below. Please use the back if needed. Thank you!