

# NEW STUDENT INFORMATION SHEET

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address (Not P.O. Box)

\_\_\_\_\_

Has your child received any special programs services outside the regular classroom?

\_\_\_ Yes \_\_\_ No

If yes, describe the services (Gifted/Talented, ESL, Special Education, Learning Lab, etc.)

\_\_\_\_\_

Has your child repeated a grade? \_\_\_\_\_ if yes, which grade/s \_\_\_\_\_

List the year, grade and name of the school where your child first started school.

Year \_\_\_\_\_ Grade \_\_\_\_\_

List the schools your child has attended:

School	District	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever signed paperwork to have your child tested by school personal?

\_\_\_ Yes \_\_\_ No

If yes, please explain

\_\_\_\_\_

Does your child have any medical concerns, allergies, and/or take medication? If yes, describe these concerns and list medication/s. \_\_\_\_\_

**You will need to talk to the school nurse so that she will be aware of all medical issues and have the appropriate paperwork completed.**