

Student Information

Student's First and Last Name _____

Birthday _____

Student lives with ____ both parents ____ mother ____ father ____ guardian

Mother/Guardian's Name _____

email _____

cell phone

work phone

Father/Guardian's Name _____

email _____

cell phone

work phone

EpiPen: Yes or No

Allergies or medical concerns:

Does your child wear glasses? _____

What are your child's strengths?

What are some areas where your child tends to struggle?

What motivates your child?

What are your goals for your child this school year?

Other comments or information you'd like us to know about your child:

LUNCH INFORMATION:

Please select from the below based on your preference.

_____ *Home Lunch*

_____ *School Lunch, if your child will be eating school lunch only certain days, please specify the days _____.*

DISMISSAL INFORMATION:

How is your child going home?

_____ *Picked up from School*

_____ *Afterschool Program at Archimedean*

_____ *Bus* _____ *Name of the Bus Company*