

# 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:*

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Does your child wear glasses? \_\_\_\_\_

What are your child's strengths?

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What are some areas where your child tends to struggle?

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What motivates your child?

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What are your goals for your child this school year?

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

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**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*