



# NEW STUDENT INFORMATION

Grade for 09/10: \_\_\_\_\_



This form is designed to permit you, the parent of a New student, to share with your child's teacher information about your child that will help to plan the best educational program for each child this coming year. This form goes directly to your child's teacher. Please place a star next to parent you would prefer the teacher contact first.

Child's Name/Gender _____	Birth date _____
Name Used in School _____	Home Phone _____
Address _____	City & Zip Code _____
Mother's Name _____	Work Phone _____
Father's Name _____	Work Phone _____
Mother's Cell _____	Father's Cell _____
Mother's E-Mail _____	Father's E-Mail _____
Day Care Provider _____	Phone _____

My child is a: Bus Rider: \_\_\_\_\_ Walker: \_\_\_\_\_ Car Pooler: \_\_\_\_\_ I will pick my child up \_\_\_\_\_  
My child will attend ESS \_\_\_\_\_

My child was in the following programs last year:

- GATE (Gifted & Talented Education Program) \_\_\_\_\_
- RESOURCE SPECIALIST PROGRAM - Active IEP \_\_\_\_\_
- SPEECH AND LANGUAGE \_\_\_\_\_
- ELL (English Language Learner) \_\_\_\_\_
- REMEDICATION (Reading Teacher) \_\_\_\_\_
- SPECIAL HEALTH OR MEDICAL NEED \_\_\_\_\_
- SCHOOL COUNSELOR \_\_\_\_\_

Does your child have an IEP (Individual Educational Program)? \_\_\_\_\_

Does your child enjoy books? \_\_\_\_\_

Describe your child's disposition and/or personality: \_\_\_\_\_  
\_\_\_\_\_

What would you say are your child's strengths/weaknesses? \_\_\_\_\_  
\_\_\_\_\_

What else would you like your child's teacher to know about your child? \_\_\_\_\_  
\_\_\_\_\_

Do you feel your child is working at grade level? \_\_\_\_\_

Would you be interested in helping in the classroom? \_\_\_\_\_ What day? \_\_\_\_\_

Would you be interested in being a Room Parent? \_\_\_\_\_