

A New Child Is Coming To ESS

Today's Date _____

Child's Name & B-Day _____

Parents Name: (Married or divorced) _____

If Divorced, Weekly Schedule for each parent: _____

Siblings Name & Age _____

Grade, Teacher, Room # _____

Allergies: _____

Special Needs Or Behaviors we should be aware of _____

Weekly Schedule (M-F or Irregular) _____

➤ Start Date: _____



ESS is a "cell phone-free zone" please keep your phone in your car

Please initial _____ Date _____



