

CHILD'S LEGAL NAME:

GRADE:

First Name

Middle Name

Last Name

 Current Gr

Rising Gr

REGISTRATION QUESTIONNAIRE

Please complete this questionnaire to help us better place and serve your child.

Are there any custody issues that we need to be aware of? [] YES [] NO

**If yes, you must provide a full copy of current court paperwork!*

Has your child ever been retained? [] YES [] NO

If yes - in what grade(s) was he/she retained?: _____

Does your child have an IEP (Individual Education Plan)? [] YES - *If so, please provide a copy* [] NO

Does your child have a 504 plan? [] YES - *If so, please provide a copy* [] NO

Does your child receive in school remediation and/or tutoring? [] YES [] NO

Has your child been in any special classes? [] YES [] NO

Does your child receive speech services? [] YES [] NO

Is your child identified AIG (Academically Intellectually Gifted)? [] YES [] NO

Is your child given any medications at school? [] YES: _____ [] NO

Note: if so, please be sure to give us a copy of the required physicians completed medication form (available in the school office). Prescription medications required by the child's physician may be given as prescribed - all medications must be in the original container from the pharmacy.

Does your child have any allergies that we should be aware of? [] YES [] NO

Does your child have any health issues that we should be aware of? [] YES [] NO

Does your child have any medical diagnosis that may affect their learning? [] YES [] NO

If yes - please explain: _____

What are your child's academic and social strengths? _____

What are your child's academic and social weaknesses? _____

Parent/Guardian Name

Emergency Phone Number

Transportation for his/her 1st Day (how is the child getting home - car rider, walker, etc.)

Please let teacher know transportation details for the first day and send a note to let them know about transportation for the rest of the school year!

Parent/Guardian Signature

Date