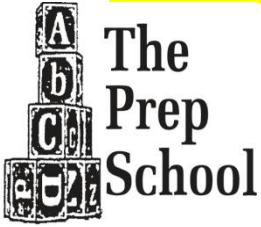


MUST BE SUBMITTED BY ALL NEW FAMILIES ON THE FIRST DAY OF SCHOOL- one time only



## PROFILE

Child's Name: \_\_\_\_\_

Nickname or Parent Preference: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### FAMILY BACKGROUND

\* Guardian #1: \_\_\_\_\_

Age: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\* Guardian #2: \_\_\_\_\_

Age: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\* List in order of birth, from oldest to youngest, the names and birthdates of all brothers and sisters. Place a check mark by the names of the siblings who do not live with the family.

Name of sibling

Birthdate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Is either parent away for long periods of time? \_\_\_\_\_ If so, how long? \_\_\_\_\_

\* Are there adults other than the parents who live in the home? \_\_\_\_\_ If so, list the names and relationship to the family.

Name

Relationship to Family

\_\_\_\_\_  
\_\_\_\_\_

\* Does your child have regular responsibilities at home? Briefly describe each responsibility.

\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL BACKGROUND

\* Are there any special considerations which our school should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Is your child on a regular medication?

Why? \_\_\_\_\_

\* Does your child have any unusual, severe, or recurrent fears? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Does your child have any strong likes and dislikes for specific kinds of food?

\_\_\_\_\_  
\_\_\_\_\_

\* Is there any information which would aid the child's teacher in understanding how she/he thinks and behaves? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_