



Student Information

Date _____

Child Name _____ Birth date _____ Class _____

Allergies, handicaps, serious illnesses, medications, hospitalizations or special instructions:

Does your child have any fears or concerns of which we should be aware? _____

Please list other children and ages in the home: _____

What are some of your child's interests, favorite toys, books, songs, etc. _____

Is there anything else we should know in order to work more effectively with your child?

Has your child been enrolled or is currently enrolled in another school? _____

School name _____

Type of program _____ Date(s) of attendance _____

Reason for leaving _____

How did you learn about the Science School? _____