

Parent Information Form

* Required

1. What is your name and student(s) name? *

2. What is the best way I can contact you? *

Check all that apply.

- Phone
- Email
- Sending notes with students
- Other: _____

3. If you would like for me to have your phone number, please put it in the blank below.

4. What holidays does your family/culture celebrate? (This is so I can learn more about your student as well as incorporate the holiday into the classroom) *

5. Do you have any questions for me that are not answered through my website or newsletters? If so, type them below. *

6. If you would like to meet with me on a regular basis concerning your student, please state the date(s) below that you could meet with me.

Example: December 15, 2012

7. If you would like to meet with me on a regular basis concerning your student, please state the time below that you could meet with me.

Example: 8:30 AM

8. Does your child have access to the internet and/or a device at home? Select all that may apply. *

Check all that apply.

- They have access to the internet but they do not have a device at home.
- They have access to a computer.
- They have access to some other sort of device (please describe in the 'other' option.)
- They have access to both a computer (or other device) and internet.
- They do not have access to internet or a computer at home.
- Other: _____

9. When is your student(s) birthday? *

Example: December 15, 2012

10. Does your student(s) have any kind of allergies? *

11. How many people live in your home? What relation to the student(s) are these people? *

12. How many pets do you have in your home? *

13. What types of pets do you have in your home? **Check all that apply.*

- Birds
- Dogs
- Cats
- Hamsters/Guinea Pigs
- Fish
- We do not have any pets in our homes.
- Other: _____

14. Is there an area that your student(s) struggles with? If so, please describe what area and how he/she struggles with it.

15. Is there an area that your student(s) excels in? If so, please describe what area and how he/she excels in it.

16. Is there a parent/guardian/older sibling/other adult family member that is able to help the student(s) with his/her homework? **Mark only one oval.*

- Yes
- No
- Maybe
- Other: _____

17. Would you like to enroll your child in our after school academic services? (every day after school until someone picks them up at the latest time of 5:00pm) **Mark only one oval.*

- Yes
- No
- Maybe
- Other: _____

18. Would you like more information from me about a certain topic? If so, please specify.

