

# Parent Survey.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_  
\_\_\_\_\_

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

Contact Phone Numbers: (Please **star** the best number.)

Home Phone: \_\_\_\_\_

Parent's Cell: \_\_\_\_\_ Parent's Work: \_\_\_\_\_

Parent's Cell: \_\_\_\_\_ Parent's Work: \_\_\_\_\_

Emergency Contact Person: (This information must be on file with the main office.)

Contact Person/ Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are any languages other than English spoken at home? \_\_\_ If so, which? \_\_\_\_\_

What is the primary way your child will go home each day? \_\_\_\_\_

\*Please send a **note** prior to 1:00pm for any dismissal changes.

Do you have any special concerns about your child? (academically, socially, medically, etc.)?  
\_\_\_\_\_

Please list any foods, stings, etc. that may cause allergic reactions with your child:  
\_\_\_\_\_

Please list two goals you would like to set for your child this year:

1. \_\_\_\_\_

2. \_\_\_\_\_

Please tell me if there is anything else I should know about your child. Feel free to brag!  
Use the back if you need to: \_\_\_\_\_

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

