

Getting to Know Your Child!

Parents/Guardians: Please complete this form about your child and return it to school as soon as possible.

Student's Name _____ **Date of Birth** _____

Mother's Name _____

Home/Cell Phone _____

E-mail _____

Best time to be reached: _____

Father's Name _____

Home/Cell Phone _____

E-mail _____

Best time to be reached: _____

Guardian's Name _____

Home/Cell Phone _____

E-mail _____

Best time to be reached: _____

Academic Concerns:
