

STUDENT PERSONAL INFORMATION SHEET

Name of Child _____(M/F) Date of Birth _____
Address: _____ Home phone _____
City and zip code _____
Email Address: _____ Cell phone _____
Mother: _____ Work phone _____
Father: _____ Work phone _____
Marital status: married ____, separated ____, divorced ____ Is this child adopted? _____
Remarks, custody/visitation arrangements that we need to be aware of: _____

Religious affiliation _____

Brothers and Sisters:

Name: _____ age: _____ grade in school: _____

Name: _____ age: _____ grade in school: _____

Name: _____ age: _____ grade in school: _____

Other persons living in the home (grandparents, etc.) _____

Has your child attended preschool or daycare previously? _____

Where and for how long? _____

Does your child have friends that attend St. Andrews? _____ Whom? _____

What languages are spoken in your home (1st) _____ (2nd) _____

Is your child right or left handed? _____ What does your child enjoy doing? _____

Does your child have any special fears that we should be aware of? _____

Does your child have a speech problem?

What method of behavior control is used in your home? _____

What is your child's reaction? _____

How would you describe your child's personality? _____

Does your child have any dietary restrictions? _____

Health History:

Has your child had chicken pox? _____ At what age? _____

Has your child ever been diagnosed with asthma? _____

Does your child have frequent colds? _____ Ear infections? _____ Nosebleeds _____

Stomach aches? _____ Strep throat? _____ Does your child run high fevers frequently? _____

Has your child had any serious accidents? _____ Explain: _____

Does your child have any allergies? _____ Specify: _____

Have you had your child's hearing tested? _____ Vision tested? _____ Remarks: _____

How would you describe your child's health? _____

Is there any thing else about your child that we should be aware of? _____