

NAVY HALE KEIKI SCHOOL

STUDENT INFORMATION SHEET (Part 1)

Please help your teacher to get to know you and your child by answering the following questions.

1. Student's Legal Name _____ Sex _____ Birth Date ____/____/____
Last First MI (MM/DD/YY)

2. Does your child have a nickname? _____

3. Legal Name of Father/Guardian _____
Last First

Occupation _____

Marital Status (check one): ____ Single ____ Married ____ Separated ____ Divorced ____ Widowed

4. Legal Name of Mother/Guardian _____
Last First

Occupation _____

Marital Status (check one): ____ Single ____ Married ____ Separated ____ Divorced ____ Widowed

5. With whom does the child live? _____
Name Relationship

6. What language does your child speak/understand? _____

7. Has your child attended school or daycare before? ____ If yes, name and address of school:

8. What are his/her special interests and strengths? _____

9. Significant health information (check if applicable)

____ NONE

____ asthma

____ allergies (specify) _____

____ epilepsy or seizures

____ chronic ear infections (more than two per year)

____ frequent nose bleeds

____ diabetes

____ heart trouble

____ hyperactivity

____ ADD / ADHD

____ IEP (need copy)

____ difficulty focusing (attention is easily distracted)

____ receiving special services, please explain _____

____ difficulty during pregnancy/birth, premature, explain _____

____ other(s), explain _____

10. Is your child on any medication? ____ What type? _____
Reason _____

11. Please provide any additional information which will help the teacher and administration understand your child's social, emotional, physical, cognitive, language, academic, and behavioral needs.

Failure to disclose information on number 11 could be the basis for involuntary disenrollment and forfeiture of any fees paid to date of withdrawal.

I understand that the information provided by me on this form is to be used only by the teaching staff of Navy Hale Keiki School to aid in providing an effective educational program for my child. I hereby agree to any diagnostic screening and/or testing the school feels necessary to administer. The school will contact me when such testing is administered and will make the test results available for my review.

Legal Parent/Guardian Signature

Date