Student information sheet

Please fill in this sheet and return it to your child's teacher. Answer what you can and leave a box blank if it does not apply.

Questions marked * are required.

Completed by _____ Date _____

1 About your child

Why we ask: So we know who your child is and what they like to be called.

1. **Child's full name ***

2. **Name your child likes to be called**

3. **Date of birth**

4. **Class or grade**

5. **Languages spoken at home**

2 Parents and guardians

Why we ask: So messages reach the right adult, in the way they prefer.

6. **Parent or guardian name ***

7. **Relationship to the child**

8. **Phone ***

9. **Email ***

10. **Best way to reach you ***

Tick one.

◯ Phone call ◯ Text message ◯ Email

11. **Language you'd like us to use when we contact you**

12. **Is there a second parent or guardian we should have on file?**

Tick one.

◯ Yes ◯ No

If you chose “Yes” in question 12.

13. **Second parent or guardian name**

If you chose “Yes” in question 12.

14. **Second parent or guardian phone**

If you chose “Yes” in question 12.

15. **Second parent or guardian email**

3 Emergency contacts and pickup

Why we ask: So we can reach someone fast and only send your child home with people you trust.

16. **Emergency contact name ***

17. **Emergency contact's relationship to the child**

18. **Emergency contact phone ***

19. **Who else may pick up your child?**

Names and how they are related to your child.

20. **Is there anyone who must not pick up your child? ***

Tick one.

◯ No ◯ Yes

If you chose "Yes" in question 20.

21. **Please tell us who, and anything we should know**

If you chose "Yes" in question 20.

22. **Upload a court order or other document (optional)**

A photo or a PDF works.

Attach a court order or other document

4 Health and learning

Why we ask: So we can keep your child safe and help them learn from day one.

23. **Does your child have any allergies? ***

Tick one.

◯ No ◯ Yes

If you chose "Yes" in question 23.

24. **What is your child allergic to, and what should we do?**

25. Medical conditions or medicines we should know about

26. Anything that helps your child learn or feel settled

Glasses, a quiet corner, a support plan

5 Getting to know your child

Why we ask: So we can start the year with what your child is good at and what they love.

27. What is your child great at?

28. What does your child love doing outside school?

29. What are you hoping for, or worried about, this year?

30. **Anything else you'd like me to know?**

Thank you!

That's everything we need. See you on the first day.