

Student Data Sheet

(for teacher use only)

Child's Name:		
	Birthday:	
Interests & Motivators:		
Fears:		
Please list areas of learning that are	important this year for your child:	
Ethnic Holidays Celebrated:		
Child Lives With:		
Siblings' Names & Ages:		
Health Problems/Allergies:		
Please list all individuals who are au	uthorized to pick up your child:	