



Student/Parent Communication Form

Student Information

Field

Details

Student Name:

Date of Birth:

Grade/Classroom:

Student ID Number:

Computer Login Username:

Computer Login Password:

Allergies (Food/Environmental/Medication):

Medications Taken at School or Home:

Parent/Guardian Contact

Field

Details

Parent/Guardian 1 Name:

Relationship to Student:

Phone Number:

Email Address:

Preferred Method of Contact: (Call / Text / Email)

| Parent/Guardian 2 Name (if applicable):

| Relationship to Student:

| Phone Number:

| Email Address:

Additional Notes or Concerns



☒ **Permissions & Release (Optional)**

| Permission | Yes/No |
|------------|--------|
|------------|--------|

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|--|--|
| Can student be photographed for classroom use? | |
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| | |
|--|--|
| Can student participate in sensory activities (sand, water, etc.)? | |
|--|--|

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|--|--|
| Can student use iPad or computer for learning? | |
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