



WARREN T. JACKSON ELEMENTARY NEW 1ST-5TH GRADE STUDENT QUESTIONNAIRE

Welcome to Jackson Elementary! We look forward to many wonderful experiences with your child. To assist us in making placement decisions, please provide the following information.

Child's FULL Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Gender: _____

Name of School Previously Attended _____

Please check any of the following programs your child was a part of at his/her former school:

- English as a Second Language (ESOL)
- Special Education (IEP)
- Gifted/Talented
- Student Support Team (SST/504 Plan)
- Early Intervention Program (EIP)

Please share any additional information about your child that you think would help us make the correct placement decision:
