

STUDENT INFORMATION RECORD

Do both parents live with the child? Yes _____ No _____ If NO, who does the child reside with?

Please list all persons living in the household other than parents:

Name	Age	Relation to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe your child: Shy _____ Quiet _____ Friendly _____ Cautious _____ Active _____

Aggressive _____ Outgoing _____ Nervous _____ Cooperative _____ Other _____

Name of School District your child will attend: _____

Is your child: right handed _____ OR left handed _____ OR are you unsure? _____

Does your child wear glasses? Yes _____ No _____

CHILD'S ALLERGIES: _____

Please explain any additional medical, physical or other conditions your child may have that would help us to better understand your child and meet his or her needs: speech, hearing, vision, medical concerns, etc. (Some medical/physical concerns require additional paperwork that will be given to you at a later date.)

Are there family or custodial issues we need to be aware of? (By law, we cannot withhold a child from a parent unless there is legal paperwork on file at the school stating otherwise.)

Any other information that would help us in knowing and serving your child:

Is your child able to let an adult know when they need to use the bathroom? Yes _____ No _____

Can they take care of their bathroom needs? Yes _____ No _____

What church do you currently attend? _____

(If you do not have a church home, Trinity Lutheran Church welcomes you to worship here. Programs and Sunday School available for children, youth and adults.)

PLEASE COMPLETE BOTH FORMS

