Please save a copy for your records and print a copy for the teacher

Campbell Elementary
Student Information Sheet

2017-2018

Child's Name:
Birthday:
Address:
Home Phone:

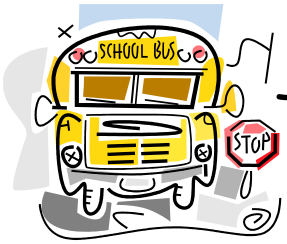
Parent Information:

Mother	Father
E-mail	E-mail
Work #	Work #
Cell #	Cell #

Please indicate any health concerns your child may have (allergies, etc):

Siblings

Name:	Gender	Age:	Name:	Gender	Age:



Transportation Information

Please complete the entire form.

Student Name	
Address	
Phone #	

On the **first day** of school, my child will go home by:

- ☐ Car
- ☐ Bus (include #)
- ☐ Daycare(include name -)
- ☐ Bike
- ☐ Walker

For the **remainder of the first week**, my child will go home by:

- ☐ Car
- ☐ Bus (include #)
- ☐ Daycare(include name -)
- ☐ Bike
- ☐ Walker

After the first week of school, my child will go home by:

- ☐ Car
- ☐ Bus (include #)
- ☐ Daycare(include name -)
- ☐ Bike
- ☐ Walker

If your child is a bike rider or walker, how will your child get home should we need to dismiss using our RAINY DAY dismissal:

- ☐ Car

☐ Bus (include #)
☐ Daycare(include name -)

If your child's transportation method changes at any time during the year, we **MUST** have a note to that effect or your child will go home his/her normal way.
You may call the front office by 2:00 if there is a change in transportation.

What You Should Know About My Child

My child is good at

My child needs help with

My child enjoys

My child is active in these groups

Academically, this year I would like

It is important for you to know the following about my child:

Birthday List

We would like to provide you with your child's class list containing each student's name, address and phone number. In order to do so, we need you permission to release your child's information.

The list will only be given to those students who would like their information shared. Many use this list to invite classmates to birthday parties since invitations cannot be handed out in class.

Please check one:

☐ No, I do not want my child's address and phone number to be included in the Birthday List.

☐ Yes, I would like my child's address and phone number to be included in the Birthday List.

Room Parent Volunteer (Due Thursday, September 7, 2017)

☐ Check here if you would like to submit your name for consideration to volunteer as your child's room parent this year. (An announcement will be made on Friday, September 8 as to who will serve as our room parent.)

Junior Achievement

☐ Yes, I am interested in being trained and to teach Junior Achievement lessons in my child's class.

_____

Parent Signature: _____ Date: _____