

Student Information Sheet – 2010-2011

Student Name	
Birthdate	
Allergies, Medications, Restrictions	
Parent Names	
Home Phone #	
Cell/Work #	
E-Mail Address	
Home Address	
Mailing Address	

Student Transportation – Please notify me anytime there is a transportation change by putting a note in your child's take-home folder.

Morning	Afternoon
<input type="checkbox"/> My child will ride bus # ____ to school in the mornings. <input type="checkbox"/> My child will be a car rider in the mornings. <input type="checkbox"/> Other (please explain) _____ _____ _____	<input type="checkbox"/> My child will ride bus # ____ home in the afternoons. <input type="checkbox"/> My child will be a car rider in the afternoons (must have a pick-up card issued from the office). <input type="checkbox"/> My child will attend ETC in the afternoons. <input type="checkbox"/> Other (please explain) _____ _____ _____

Parent Volunteer Status – I am interested in volunteering in the following capacity.

<input type="checkbox"/> AR Volunteer – Accompanies students to the computer lab while they take AR tests <u>once a week</u> ...you choose the day! <input type="checkbox"/> Homeroom Parent(s) – Plans classroom parties (calls other parents to request that they send food, read stories, do a craft/activity). (<u>3 parties – Halloween, Winter, & Valentine's Day</u>) <input type="checkbox"/> Classroom Volunteer – Works with students, makes copies, organizes materials, etc. (<u>as needed</u>)
