

CHILD'S NAME: _____

PERSONAL INFORMATION:

Is this child currently enrolled in White Memorial Weekday School? _____

What class: _____ Teacher's Name: _____

Child's previous school experience other than White Memorial:

Where: _____ When: _____

Other children in the family: Brothers _____ Ages _____

Sisters _____ Ages _____

Adults living in the home: _____
Parent 1 Parent 2 Other

Bathroom habits: _____

Sleep habits: _____

Eating habits: _____

Allergies (please be specific): _____

Other health concerns: _____

Medications needed at school: _____

Medications taken at home on a regular basis: _____

Fears: _____

Describe your child's strengths: _____

Additional remarks/concerns: _____

Please use reverse side if there is further information you feel will aid the teacher in understanding your child. Note if there are special concerns, special circumstances in the home, etc.

ACCESSIBLE PERSON TO CALL IN EMERGENCIES IF PARENTS CANNOT BE REACHED (*local contacts please!*):

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

PHYSICIAN'S NAME: _____ TELEPHONE: _____