Student Information Sheet

Child's Name: _______________________________________

Mother's Name: _______________________________________

Father's Name: _______________________________________

Home Phone: _______________________________________

Mum's Mobile: _______________________________________

Dad's Mobile: _______________________________________

Child's allergies/health concerns:
___________________________________________________
___________________________________________________
___________________________________________________

What are your child's strengths / special abilities?
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

What are your child's weaknesses / learning difficulties?
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

Is there an area that you would like to see your child improve on?
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
What is your child’s favourite subject? Is there any subjects your child does not like?
__________________________________________________________________________________
__________________________________________________________________________________
What activities / sports does your child participate in outside of school?
__________________________________________________________________________________
__________________________________________________________________________________
What sort of things does your child look forward to or get excited about?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Does your child find it easy to make friends? Are they confident around other children?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Does your child have any concerns about school this year?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Is there anything else that would be helpful in getting to know your child?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Thank you for taking the time to answer these questions. 
Regards,
Stage Two Teachers