

Parent Information Sheet

Name: _____

Contact Info

Parents/Guardians Names (First & Last):	E-mail Address(es)
Phone Number (for calls between 12PM - 5PM)	Alternate Phone Number(s)
Check one: I prefer to be contacted via <input type="checkbox"/> phone <input type="checkbox"/> e-mail <input type="checkbox"/> either	

Background

Tell me about your child, their strengths, weaknesses, special talents, learning style, accomplishments – don't be afraid to boast! Let me know how I can best help your child succeed. Please be sure to include any health concerns that I should be aware of in case something should happen during my class block. This will be held in strict confidence.

- I have read the rules of Mrs. Martin's classroom.
- I am aware of how to contact Mrs. Martin.
- I am aware that extra help can be schedule on an individual basis with Mrs. Martin.