

Student's Name: _____ Nickname: _____

Today's date: _____

Parents' Names: _____

Siblings: _____

How will your child get home from school? _____

Medical Issues: _____

Food Restrictions/Allergies: _____

What are your expectations or goals for your child for the second grade school year?

Is there anything I should know about your child that would help make this a more successful year?
(interests, hobbies, family information, etc.)

I'm very interested in keeping the lines of communication open. It is my hope to communicate through email on a regular basis. Please answer the following in that regard:

Do you have Internet access? _____

Do you check email on a regular basis? _____

Parent/Guardian's e-mail address(es) that need to be added to class list.

Thank you for taking the time to complete this questionnaire!!