

Dear Parents/ Guardians,

In order to compile information about your child for my records, please complete the form below and kindly return it by **Friday, September 3rd**. If you should have any questions, please don't hesitate to contact me at mmlinka@cbsd.org. I am looking forward to meeting you!

Thank you,
Mrs. Slinka

Child's Name (first) _____ (last) _____ (nickname) _____

Child's Birthday (month) _____ (day) _____ (year) _____ (age) _____

Child lives with _____ both parents _____ one parent _____ other guardian

Parents' Names (mother) _____ (father) _____

Home Phone # (mother) _____ (father) _____

Work Phone # (mother) _____ (father) _____

Cell Phone # (mother) _____ (father) _____

Have access to a computer and internet at home _____ yes _____ no

*** Email addresses you would like to receive regular classroom correspondence:**

1. _____

2. _____

Does the student have any other siblings in the school? If so, please list name and grade.

Name _____ Grade _____ Teacher _____

Name _____ Grade _____ Teacher _____

In the event that your child is absent from school is there someone that you would like work sent home with? If so, please list name, grade, and teacher if known.

Name _____ Grade _____ Teacher _____

Do you have any special talents or hobbies that you would be interested in sharing with the students? i.e. musical, artistic, scientific. If so, please list them below. _____

What do you believe are your child's strengths?

In what do you believe your child needs to improve?

What can you tell me about your child that would help me to better meet his or her needs (academic, social, behavioral, health, etc.)?

Thank you for taking the time to thoughtfully complete this questionnaire! I am looking forward to a wonderful year!

☺ Mrs. Slinka