

# Archway Glendale Student Information Sheet

## 1<sup>st</sup> through 5<sup>th</sup> Grade

Every child is different and knowing more about each child will help our Archway Glendale teachers teach best!  
Please return this completed form to your child's teacher at Meet the Teacher.

### Basic Student Information:

Student Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Important Health Related Information: \_\_\_\_\_

### Information About Your Child:

What are your goals for your child this year? \_\_\_\_\_

What are your child's academic strengths? \_\_\_\_\_

What are your child's academic struggles? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

What three words best describe your child's personality?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Parent Information:

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

### Volunteer Interests:

Please check the areas below in which you are interested.

Organizing Celebrations  In the Classroom  Field Trips  4<sup>th</sup>/5<sup>th</sup> Grade Literature Circles/Reading Groups

Please sign below if I may give your name and contact information to parent volunteers to contact you regarding classroom celebrations, field trips, etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_