

Archway Glendale 1st through 5th Grade Student Information Form

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 4th/5th 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: _____