

# Welcome to 1<sup>st</sup> Grade

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

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

## Family Information

### Guardians

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Best number to be reached at: \_\_\_\_\_ (home/cell)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Best number to be reached at: \_\_\_\_\_ (home/cell)

### Emergency Contact

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Best number to be reached at: \_\_\_\_\_ (home/cell)

### Siblings

Name: \_\_\_\_\_

Grade: \_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_ Teacher: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_ Teacher: \_\_\_\_\_

### Medical Information

Allergies: \_\_\_\_\_

Medication @ School: Yes/No

If yes: \_\_\_\_\_

Medical Conditions we need to know about: \_\_\_\_\_

Does your student wear glasses? Yes/No