



Parent Training & Information

STUDENT INFO SHEET

Student's Full Name: _____

Home address: _____

Contact 1: _____ Relation _____

Phone: _____ (cell) _____ (work/home) _____

Email: _____

Contact 2: _____ Relation _____

Phone: _____ (cell) _____ (work/home) _____

Email: _____

Contact 3: _____ Relation _____

Phone: _____ (cell) _____ (work/home) _____

Email: _____

Doctor: _____

Phone: _____

Email: _____

Doctor: _____

Phone: _____

Email: _____

Medication: _____

Allergies: _____

The contents of this resource were developed under a grant from the U.S. Department of Education, #H328M200055. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.





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SCHOOL CONTACTS

Classroom Teacher: _____

Phone: _____

Email: _____

Special Education Teacher: _____

Phone: _____

Email: _____

School Psychologist: _____

Phone: _____

Email: _____

_____: _____

Phone: _____

Email: _____

_____: _____

Phone: _____

Email: _____

_____: _____

Phone: _____

Email: _____

School Schedule:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

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