



GETTING TO KNOW YOU!

~Please be sure to complete and return this form to school by the first day of school, Tuesday, September 3rd~

Child's Name: _____

Nicknames (if any): _____

Siblings at School (Name/Age/Teacher): _____

Transportation Schedule	
First Day of School, Tuesday, Sept. 3, HALF DAY	Wednesday, Sept. 4 th , FULL DAY
_____ Bus # _____ _____ Car Pick-Up _____ I'll be outside to walk my child home	_____ Bus # _____ _____ Car Pick-Up _____ I'll be outside to walk my child home _____ SAC

Rest of the School Year Transportation Schedule
(include bus number if possible)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

If there are any changes in transportation plans, please notify me via written note or email. Contact the office for last minute changes, since email is not always checked before the end of the school day



Getting to know _____!

What are your child's strengths?

How would you describe your child's personality?

What subjects does your child enjoy in school?

In what areas would you like to see your child improve?

How would you describe your child's learning style? (hands on, likes to read, likes to move, likes to listen)

What motivates your child?

What causes your child to shut down or get frustrated?

What activities is your child interested in outside of school?

Does your child have any allergies?

Does your child take daily medication?

Please jot down anything else you think is important for me to know about your child: _____
