Parent Survey

Student's Full Name: _____

Is there another name your student prefers to be called? _____

Birthday: _____

School Transportation (please include bus # or daycare name)

Before School	After School

Parent Contact Information

	Mother/Guardian	Father/Guardian
Name		
Email		
Phone Number 1		
Phone Number 2		
Address		

Allergies/Medical Information:

_____

_____

_____

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Is there anything else you would like me to know about your child or how they best learn?

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Are you available to volunteer?

_____

If Yes, what days/times work best for you?

Monday	Tuesday	Wednesday	Thursday	Friday