

Student/Parent Information Questionnaire
Mrs. Stevenson's 3rd Grade

Student's Name: _____

Age: _____ Date of Birth: _____

Home Address: _____

1. Parent/Guardian Name: _____

The best way to contact me is by-

Email: _____

Text: _____

Phone: _____

2. Parent/Guardian Name: _____

The best way to contact me is by-

Email: _____

Text: _____

Phone: _____

Siblings (name, age/grade)-

Allergies/Health Concerns-

Hobbies/Sports-

We have internet access at home _____ yes _____ no

I would like to receive the weekly newsletter/weekly focus by:

_____ Mrs. Stevenson's Web Page _____ Printed copy sent home

What is the primary way your child will go home each day?

(Please contact the school office and myself if this changes.)

Can your child's picture be taken and displayed for classroom use and on our class webpage? _____yes _____no

My child does well in _____.

My child struggles with _____.

I would like to volunteer in the classroom: (Nothing is guaranteed or written in stone, and you can change your mind at any time. I understand that circumstances change with work and home life. Thank you for your time!)

Name _____

How often? _____ weekly (1-2 days) _____ monthly (1-2 days)

Circle days available: Mon, Tus, Wed, Thr, Fri, _____am _____pm

_____ Fall Party _____ McCloud Nature Park Field Trip

_____ Winter Party _____ Valentine's Day Party

_____ Special Days _____ Classroom Projects

Would you be interested in: (please check all that apply)

_____ tutoring in small groups _____ making copies

_____ classroom organization _____ tutoring individuals

_____ prepping materials for projects _____ other

Do you prefer a specific subject? _____