

Doss Elementary School

Student # _____ Grade _____ Teacher _____

Student Information Sheet for your Teacher

Student's legal name: _____ goes by: _____
(Last) (First) (M.I.)

Date of birth: ____/____/____ **(Kinder only)** Age on the first day of school: (ex: 5yr/4months) ____ years ____ months
(month) (day) (year)

Place of birth: City: _____ State: _____ Country: _____

Language spoken at home: _____ Does your child wear glasses? ____ Yes ____ No

Student's primary address: _____ apt # _____ zip code _____

Previous school attended if not AISD: _____ last grade attended: _____

Address: _____

How will your child eat the first day? ____ bring home lunch ____ buy lunch in the cafeteria
We kindly ask that you wait one week after school starts before you come eat with your child

Food allergies: _____ Medical alerts: _____

My child is: ____ social ____ quiet ____ playful ____ serious ____ active ____ easily overstimulated

Emergency contact information:

Parent Name		
Occupation		
Primary phone		
Work phone		
E-mail		

List all children living in your home in order of birth:

Name	Gender	Birthdate	Age	Grade

After school my child will:

	Monday	Tuesday	Wednesday	Thursday	Friday
be picked up by parent ____ mom ____ dad					
be picked up by nanny/babysitter					
will attend Third Base					
will ride the school bus					
will ride the bus to Children's Courtyard					
will ride the bus to Crenshaw's					
will ride the bus to JCC					
will ride the bus to My friend's house					

My child receives the following services:

ESL

Identified Gifted & Talented in these area(s): Language Arts Social Studies Science Math

My Child receives extra support in: Math Reading Writing Science Social Studies

Identified 504: Dyslexia Dysgraphia ADD Other

My Child is identified in Special Education: PPCD SCORES SBS Inclusion in a general education classroom

Pull out from general education classroom for Resource Content mastery Speech

My child does not receive any services

The nicest thing about my child is _____

My child needs to learn: _____

For PK and Kindergarten

My child has attended: (check all that apply)

daycare with some preschool program # of years _____ location: _____

preschool program # of years _____ location: _____

in-home private provider daycare # of years _____

none of the above

Place an "X" to describe your child's work habits and behavior

	seldom	sometimes	most of the time	all of the time
recognizes alphabet				
knows letter sounds				
writes the letters				
reads words				
identifies colors				
recognizes numerals 1-10				
counts to _____ without error				
does simple addition				
recites first and last name				
writes their name				
listens attentively to a bedtime story				
attends to a task for five minutes or more				
plays well with others				
accepts consequences when corrected				
follows 2 step directions the first time ex: "brush your teeth or get dressed"				
follows routines independently ex: dresses self & combs hair				

Please return this form along with your child's registration documents.

The principal is responsible for final class placement.