

**GROTON COMMUNITY SCHOOL
NEW & RETURNING FAMILY
STUDENT INFORMATION FORM 2009/2010**

Information contained in a child's record shall be privileged and confidential. Please refer to our GCS Family Handbook for details ensuring confidentiality. The information parents/guardians provide helps us to meet the needs of each child at GCS.

Child's Name _____ Nickname _____ Date of Birth _____

Home Address _____ Town _____ ZIP _____ Tel _____

E-Mail Address _____

FAMILY INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Business Name _____ Business Name _____

Address _____ Address _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Work Hours _____ Work Hours _____

Are parents living together? _____ Separated? _____ When _____; Divorced? _____ When _____;

Remarried? _____ When _____; Widowed? _____ When _____; Other _____

If separated or divorced, who has custody? _____ Does non-custodial parent see child? _____

Are there custody/visitation issues that we should know about? _____

How has your child has adjusted to the divorce/separation? _____

Was your child adopted? _____ At what age? _____ Does your child know? _____

Sibling(s): Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Has your child adjusted to a new baby? _____ If so, how was the adjustment? _____

Other members of household (grandparents, etc.) _____

Has your child experienced an important loss? _____ At what age? _____

Have you moved in the past year? _____ How did your child adjust? _____

What is your method of behavior management/discipline at home? _____

HEALTH

Allergies: Please list any and all allergies your child may have (food, environmental, medicine, insect bites, asthma, etc.)

Any complications during pregnancy and/or birth of your child? _____ Birth Weight: _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions or disabilities: _____

Regular medications: _____

DEVELOPMENTAL HISTORY

Has your child had a previous school or daycare experience? _____ At what age? _____ Dates: _____

If so, place(s) attended: _____

Has your child ever attended an Early Intervention program, obtained special IEP services, or been referred or evaluated for any special needs? *(We will use this information to work with you in creating a program that will best suit your child's needs.)*

SPEECH & LANGUAGE

At what age did your child begin to speak? _____ Phrases? _____ Sentences? _____

Any speech difficulties? (Please explain) _____

Special words to describe needs: _____

EATING HABITS

Does your child have any dietary restrictions? _____

Special characteristics or difficulties: _____

SLEEPING HABITS

When does your child go to bed at night? _____ Get up in the morning? _____ Nap? _____

Does your child have night fears or bad dreams? _____

TOILETING HABITS

How does your child indicate bathroom needs (include special words)? _____

Is he/she ever reluctant to use the bathroom? _____

Does your child wear diapers? _____ Pull-Ups? _____

SOCIAL RELATIONSHIPS

What are some of your child's interests? _____

Favorite Books? _____

Does your child watch TV? _____ Favorite TV show(s): _____

What does your child find fearful? _____

How does your child interact with other children/adults? _____

FAMILY AND CULTURE

Is English spoken at home? _____ Please list any other Languages* _____

**Please request a "Helpful Words from Home" form to translate key words to help your child at school.*

Is there any information that would be helpful to know about your family regarding language, culture, family practices, family structure, race, or religion to support you child's school experiences? _____

What else would you like us to know about your child? _____

What would you like your child to gain from his/her experience at GCS? _____

PHYSICAL CHARACTERISTICS

Child's Name _____
Eye Color _____ Hair Color _____ Weight _____ Height _____ Sex _____
Distinguishing Characteristics _____

Please paste current photo below:

Parent/Guardian Signature

Date