

**DISTRICT #157 INCOMING STUDENT QUESTIONNAIRE
(TO BE COMPLETED BY PARENT, GUARDIAN, OR OTHER PERSON WITH WHOM
THE STUDENT CURRENTLY LIVES)**

It will be most helpful to the school and your child's teacher to have certain information about your child's background. We would appreciate your cooperation in completing this form. Feel free to ask any questions.

The information provided to the District on this questionnaire will be maintained as confidential student information and will not be disclosed except as authorized or required by law or with consent. Please note, however, that the District maintains its right to verify any information provided by you on this form through contact with third parties, if necessary.

Name of student: _____

Date of birth: _____ Place of birth: _____

Is your student a U.S. citizen? ___ Yes ___ No

If no, please explain how the student has come to live in the United States:

PARENT/FAMILY INFORMATION

1. Please list the members of the immediate family living in the home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Is there anyone else living in the home? _____

Name: _____ Age: _____

2. Is your child adopted? _____

3. Is either parent deceased? _____

4. Are the parents separated? _____ Divorced? _____

a. If yes, which parent has legal custody of the student?
___ Mother ___ Father ___ Both parents

b. Are there any agreements, judgments, decrees or other documents awarding or giving custody of the student to any person?
___ Yes ___ No

5. Does a court order or decree prevent either parent from receiving student records?
___ Yes ___ No

(If yes, please forward a copy of the court order or decree to the District Office.)

6. Who is financially responsible for the student? _____

7. Is either parent gone for a long period of time? (This includes jobs which may keep a parent busy for more than eight hours or business trips).

___ Yes ___ No If yes, please explain: _____

8. If both parents work, what arrangements will be made for the child's care?

HOME LIFE

1. What are some of your child's activities and interests? (TV, books, etc.)

2. Does your child share and take turns? _____
3. Has your child received outside lessons or other group experiences? (i.e. music, drawing, art, crafts, scouts) _____

4. List significant experiences your child may have had. (i.e. serious illness or death in the family, special travel, zoo, farm, museum) _____

5. Does your child have any speech problems? _____

HEALTH

1. List special health problems in which the teacher should be aware of such as diabetes, allergies, etc. _____
2. List physical limitations in which the teacher should be aware of such as glasses, corrective shoes, etc. _____
3. List any medications your child is taking. _____
4. Has your child ever stayed in the hospital? _____ Please explain: _____

5. Does your child have any other health problems? _____

Thank you for your cooperation. If there is any information you would like to add, please feel free to do so.

Parent/Guardian's Signature: _____ Date: _____