



**Student Data Sheet**  
(for teacher use only)

Child's Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Interests & Motivators: \_\_\_\_\_

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Fears: \_\_\_\_\_

Please list areas of learning that are important this year for your child: \_\_\_\_\_

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Ethnic Holidays Celebrated: \_\_\_\_\_

Child Lives With: \_\_\_\_\_

Siblings' Names & Ages: \_\_\_\_\_

Health Problems/Allergies: \_\_\_\_\_

Please list all individuals who are authorized to pick up your child: \_\_\_\_\_

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