



**NEW & RETURNING FAMILY  
STUDENT INFORMATION FORM 2011/2012**

*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 your child's school experiences? \_\_\_\_\_

**GENERAL INFORMATION**

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**

**Paste Photo Here**

<b>Child's Name</b> _____	
<b>Eye Color</b> _____	<b>Hair Color</b> _____
<b>Weight</b> _____	<b>Height</b> _____
<input type="checkbox"/> <b>Male</b>	
<input type="checkbox"/> <b>Female</b>	
<b>Distinguishing Characteristics</b> _____	
_____	
_____	
_____	