

**Jefferson County Schools
Parent/Guardian Information**

Name of Student _____ Date of Birth _____

Student's Address _____

Phone (Home) _____ (Work) _____

Emergency Contact's Name _____ Phone _____

School Attending _____ Previous School(s): _____

Information Supplied by _____ Date _____

1. Please list the name and relationship to the child of all other people living in the household:
- | Name | Age | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Does your child wear glasses or have a vision problem? No Yes If Yes, please explain: _____

3. Does your child have a hearing aid or a hearing problem? No Yes If Yes, please explain: _____

4. Has your child ever repeated a grade? No ___ Yes ___ If yes, which grade? _____

5. What academic and nonacademic concerns do you have regarding your child? _____

6. Has anyone in your family diagnosed with a learning disability or have any trouble learning ?
No ___ Yes ___ If Yes, please explain: _____

7. How much time does your child spend on homework each night? _____

8. How much assistance do you provide during homework time? _____

9. What methods of discipline do you use at home? _____

10. Does your child have any health problems? No ___ Yes ___ If Yes, explain: _____

11. Does your child take any medications? No ___ Yes ___ If Yes, please list names and dosages:

Name	Dosage
_____	_____
_____	_____

12. Please list any traumatic events (deaths, divorce, injuries, etc.) that may be affecting your child's learning:

13. At what age did your child do the following:
14. Birth weight ___ lbs. ___ oz Premature: No Yes

ON THE BACK OF THIS FORM, PLEASE LIST ANY ADDITIONAL INFORMATION THAT YOU FEEL WOULD HELP ASSIST US IN WORKING WITH YOUR CHILD.