

## Jennifer Wood

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## LET'S GET TO KNOW EACH OTHER!

Child's Basic Information				
Name: Preferred Name:	Health Concerns/Allergies:			
Birthdate: Primary Residence:	Medications:			
Guardianship Information #1	Guardianship Information #2			
Name:  Relationship to Child:  Day Phone:  Alt. Phone:  Email:	Name:  Relationship to Child:  Day Phone:  Alt. Phone:  Email:			
Child <b>lives</b> with:  Please include all people living in home, including their names, relationships, and ages (for children only).	Can you tell me a little bit about your <b>family</b> ?			

3 Things Your Child Excels At	3 Things Your Child is Interested In			
Does your child enjoy <b>reading</b> ?	Yes No			
What type(s) of books does your child enjoy reading?				
3 Goals You Have for Your Child this Year				
Do you have an interest in <b>volunteering</b> ? If so, and you have a particular area in which you would like to help, please let me know (e.g. fieldtrips, prepping supplies for projects, reading with the kids, etc).				



	Wede of			
~	Mode of Transportation	Notes		
	_			
	Bus #:			
	Walk			
	Pick-Up			
	Tiok op	*Please indicate the names of those who are auth	orized to pio	ck-up.
If your transportation plans change throughout the year, please let me				
know as soon as possible. Students who have a temporary change in				
	transportation pie	ans need to have a <b>signed note or ema</b> permission for the change.	u giving	
		Cido akuma Cashian		
		Signature Section		
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wou.	ia you like to be ke	pt up-to-date with classroom emails?	YES	NO
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May I include your child's name, your name, and your email address in a classroom contact list that will be distributed to the other members of the				
class	sroom?			
			YES	NO
Pare	nt Name:	Date:		
Sign	ature:			

