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.