

# Doss Elementary School

Student # _____ Grade _____ Teacher _____
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## Student Information Sheet for your Teacher

Student's legal name: \_\_\_\_\_ goes by: \_\_\_\_\_  
(Last) (First) (M.I.)

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **(Kinder only)** Age on the first day of school: (ex: 5yr/4months) \_\_\_\_ years \_\_\_\_ months  
(month) (day) (year)

Place of birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Does your child wear glasses? \_\_\_\_ Yes \_\_\_\_ No

Student's primary address: \_\_\_\_\_ apt # \_\_\_\_\_ zip code \_\_\_\_\_

Previous school attended if not AISD: \_\_\_\_\_ last grade attended: \_\_\_\_\_

Address: \_\_\_\_\_

How will your child eat the first day? \_\_\_\_ bring home lunch \_\_\_\_ buy lunch in the cafeteria  
**We kindly ask that you wait one week after school starts before you come eat with your child**

Food allergies: \_\_\_\_\_ Medical alerts: \_\_\_\_\_

My child is: \_\_\_\_ social \_\_\_\_ quiet \_\_\_\_ playful \_\_\_\_ serious \_\_\_\_ active \_\_\_\_ easily overstimulated

### Emergency contact information:

Parent Name		
Occupation		
Primary phone		
Work phone		
E-mail		

### List all children living in your home in order of birth:

Name	Gender	Birthdate	Age	Grade

### After school my child will:

	Monday	Tuesday	Wednesday	Thursday	Friday
be picked up by parent ____ mom ____ dad					
be picked up by nanny/babysitter					
will attend Third Base					
will ride the school bus					
will ride the bus to Children's Courtyard					
will ride the bus to Crenshaw's					
will ride the bus to JCC					
will ride the bus to My friend's house					

**My child receives the following services:**

ESL

Identified Gifted & Talented in these area(s):  Language Arts  Social Studies  Science  Math

**My Child receives extra support in:**  Math  Reading  Writing  Science  Social Studies

**Identified 504:**  Dyslexia  Dysgraphia  ADD  Other

**My Child is identified in Special Education:**  PPCD  SCORES  SBS  Inclusion in a general education classroom

Pull out from general education classroom for  Resource  Content mastery  Speech

**My child does not receive any services**

**The nicest thing about my child is** \_\_\_\_\_

**My child needs to learn:** \_\_\_\_\_

**For PK and Kindergarten**

**My child has attended:** (check all that apply)

daycare with some preschool program # of years \_\_\_\_\_ location: \_\_\_\_\_

preschool program # of years \_\_\_\_\_ location: \_\_\_\_\_

in-home private provider daycare # of years \_\_\_\_\_

none of the above

**Place an "X" to describe your child's work habits and behavior**

	seldom	sometimes	most of the time	all of the time
recognizes alphabet				
knows letter sounds				
writes the letters				
reads words				
identifies colors				
recognizes numerals 1-10				
counts to _____ without error				
does simple addition				
recites first and last name				
writes their name				
listens attentively to a bedtime story				
attends to a task for five minutes or more				
plays well with others				
accepts consequences when corrected				
follows 2 step directions the first time ex: "brush your teeth or get dressed"				
follows routines independently ex: dresses self & combs hair				

Please return this form along with your child's registration documents.

The principal is responsible for final class placement.