

Confidential Student Information
2018-2019 School Year



Please return by Friday, April 13th

Child's Name: _____

Date of Birth: _____ Grade Level 2018/19 School Year: _____

Parent(s) or Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Email Address: _____

Has your child participated in any of the following programs?

- | | |
|---|---|
| <input type="checkbox"/> Learning Center | <input type="checkbox"/> School Counseling |
| <input type="checkbox"/> Individual Educational Plan (IEP) | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Gifted and Talented Program (GATE) |
| <input type="checkbox"/> Family Support Team Meetings (FST) | <input type="checkbox"/> Social Thinking/Learning Groups |

At this time, does your child have any special medical problems? _____ Yes _____ No

If so, please specify: _____

At this time, are there any special custody regulations regarding your child? _____ Yes _____ No

If yes, please call the office at 460-2500 to make an appointment with the office staff.

Comments on special needs or concerns regarding your child:

Has your child been suspended from school? _____ Expelled? _____ Pending Expulsion? _____

If so, please specify: _____

Student Letter to New Teacher

Please have your child fill out this portion on their own and return it with the Student Information Form by Friday, April 13th.



We're so excited that you'll be attending Fine Arts Academy next year! Please take a few minutes to write a letter to your teacher next year so they can learn all about you. Please include any details that will help us get to know you before we start the school year together. Thank you! 😊

Dear Future Teacher,
