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927 O’Bannonville Road, Loveland, OH 45140

Phone: 513-683-4757 Fax: 513-697-4191

**STUDENT INFORMATION FORM**

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| --- | --- |
| Student’s name: | Date of birth: |
| Home address: |
| School district student resides in: |
| Mother’s name: | Father’s name: |
| Mother’s employer: | Father’s employer: |
| Mother’s occupation: | Father’s occupation: |
| Address for 🞏 father 🞏 mother not living at the home address shown above: |

*List applicable phone numbers (with area codes) and emails. Please indicate whether each is primary or secondary for contact purposes. You may designate multiple phone numbers or emails as primary.*

|  |  |
| --- | --- |
| Home phone: | 🞏 *Primary* 🞏 *Secondary* |
| Mother’s cell phone: | 🞏 *Primary* 🞏 *Secondary* |
| Mother’s email: | 🞏 *Primary* 🞏 *Secondary* |
| Mother’s work phone: | 🞏 *Primary* 🞏 *Secondary* |
| Father’s cell phone: | 🞏 *Primary* 🞏 *Secondary* |
| Father’s email: | 🞏 *Primary* 🞏 *Secondary* |
| Father’s work phone: | 🞏 *Primary* 🞏 *Secondary* |

*Please check the information below that you authorize us to publish for you in the CMH Family Directory.*

 🞏 Home address 🞏 Mother’s cell phone 🞏 Mother’s email address

 🞏 Home phone 🞏 Father’s cell phone 🞏 Father’s email address

*Following are some questions about your child. Your responses will help us plan for your child as an individual in our CMH community. Use additional pages if necessary to answer completely.*

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| 1. | Siblings (names and ages): |
| 2. | Previous school experience: |
| 3. | What are your general goals for this child’s education? |
| 4. | List five words to describe this child.Mother:Father: |
| 5. | Describe this child’s eating habits: |
| 6. | Does this child have any allergies?  (If yes, please circle) Food / Environmental / Medications |
|  | What foods is this child not permitted to eat? |
| 7. | Does this child have any specific fears or anxieties that the teachers should be aware of? |
| 8. | Describe the type or method(s) of discipline used in your home: |
| 9. | Is there anything else about this child or his/her home situation that the teachers need to know to understand him/her more fully? |
| 10. | Please indicate the race/ethnic origin of this child. (*The state requires us to report this information*.) 🞏 Caucasian 🞏 African-American 🞏 Hispanic 🞏 Asian/Pacific Island 🞏 American Indian/Alaskan |

|  |  |
| --- | --- |
| Parent Signature: | Date: |
| Parent Signature: | Date: |