



**Christ Church School**  
**Student Information Sheet**  
**2010 - 2011**

FAMILY HISTORY

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Phone numbers where we can reach you during school hours:

Mother \_\_\_\_\_ Father \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

OTHERS IN HOUSEHOLD

<u>Name</u>	<u>Relationship to Student</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents' Marital Status: Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If parents are separated, who has custody? \_\_\_\_\_

Has the child been enrolled in day care/preschool before? \_\_\_\_\_

If so, where? \_\_\_\_\_

SLEEPING

What time does your child usually go to bed at night? \_\_\_\_\_ Get up in the morning? \_\_\_\_\_

Does he/she take a daytime nap or rest? \_\_\_\_\_

SPEECH

Does your child speak plainly so that others besides those at home can understand? \_\_\_\_\_

Are there any languages other than English spoken in the home? \_\_\_\_\_

PERSONALITY

Does your child have any special fears? If so, please list and explain: \_\_\_\_\_

\_\_\_\_\_

Describe your child's personality. \_\_\_\_\_

\_\_\_\_\_

What are some of the child's favorite outdoor/indoor activities? \_\_\_\_\_

\_\_\_\_\_

What is the child's usual attitude toward being in situations which separate him/her from parents?

\_\_\_\_\_

MISCELLANEOUS

Right or left handed? \_\_\_\_\_

What means of discipline do you find most effective? \_\_\_\_\_

\_\_\_\_\_

Is there any information that we should know concerning your child, which would help us to understand him/her better? \_\_\_\_\_

\_\_\_\_\_

Are you interested in helping us? Please circle all that apply.

Parent Association Board  
(CCS Saints)

Classroom Parent

Substitute Teacher  
(fingerprint clearance card required)

Do you have any special interests or talents you would be willing to share with us? Please specify: \_\_\_\_\_

\_\_\_\_\_

Dates and times available: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_