

**Highland Park Elementary  
Student Information Sheet 2024-25**

**Child's Name** \_\_\_\_\_ Name they preferred to  
\_\_\_\_\_ be called at school \_\_\_\_\_ Gender M/F

**Home Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
\_\_\_\_\_ Grade student is entering  
\_\_\_\_\_ for 2024-25 school year: \_\_\_\_\_  
City, State, Zip code

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Previous School Attended** \_\_\_\_\_

**Birthplace** \_\_\_\_\_ **Language Spoken at Home** \_\_\_\_\_

**Parent/Caregiver** \_\_\_\_\_ **e-mail address** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
(If different than student's)  
\_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
City, State, Zip code

**Occupation** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Parent/Caregiver** \_\_\_\_\_ **e-mail address** \_\_\_\_\_

**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
(If different than student's)  
\_\_\_\_\_ **Cell Phone** \_\_\_\_\_  
City, State, Zip code

**Occupation** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Medical Alert Information (Allergies, medications, etc.)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***(Over, please)***

\*Please fill out **both sides** and turn this sheet in today—thanks!!\*

What strengths and concerns did you and or your child's pre-school teacher indicate to you about your child? \_\_\_\_\_

Has your child had any outside evaluations that would help us in your child's placement? (Speech, occupational therapy, etc.) \_\_\_\_\_

Do you have any academic information or special interests that you want to share with us about your child? \_\_\_\_\_

What else would you like us to know about your family and child? (Recent upcoming family events, new baby, anything that would help us make your child and family's transition more positive)

**Siblings:**

Name	Gender (M/F)	Age	Grade and School (for 24-25 school year)
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- 1.
- 2.
- 3.
- 4.
- 5.

**List ALL people who can pick-up your child from school:**

Name	Relationship	Phone number
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- 1.
- 2.
- 3.
- 4.