Student Information Card (Please fill out completely and return)

Birthday
Father's name Cell # Work # Email:
Siblings at Riggs? (name and grade/teacher)
Does your child: (please circle)Wear glassesyesnoHave hearing difficultiesyesnoTake medication at schoolyesnoHave allergiesyesnoIf yes, to what?Any other information we need to beaware of?
ess (for homework assignments, access to copy of any work
hown in class that have a PG rating. Do you opriate PG movie in class?
eck all that apply) Parent Signature

Please complete the following so we can get to know your child.

The most effective teaching methods with my child are

The most effective techniques to change inappropriate behavior is _____

Holidays our family celebrate include _____

Holidays our family does NOT celebrate include _____

Special accommodations for my child include (i.e. needs to sit close to the board, needs longer to complete assignments, etc.)

The academic goals I have for my child this year are _____

The social goals I have for my child this year are _____

Any additional comments/information: