

Parent Questionnaire

Please fill out the parent questionnaire and return it on the next day of school. Thank you!

Child's Name _____

Nickname _____

Child's Birthday _____

Sibling's Name	Grade	Teacher

Over the course of the year, I may need to contact you to provide updates, ask questions and/or discuss information about your child. Please fill out the information below and identify your preference on whom I shall contact first and which form of communication I shall use.

Mother's (Guardian's) Name: _____

Phone # (Home) _____ (Cell) _____

E-mail: _____

How would you prefer to be contacted? Home # Cell # Email

Father's (Guardian's) Name: _____

Phone # (Home) _____ (Cell) _____

E-mail: _____

How would you prefer to be contacted? Home # Cell # Email

Who should be contacted first? Mom Dad Either

Does your child have access to the computer? Yes No

Does your child have access to the internet? Yes No