

# back-to-school FORMS GALORE

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**Transportation Form**  
Student Name: \_\_\_\_\_

**Student Snapshot**  
Student's Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
3 words to describe your child: \_\_\_\_\_  
In NEW situations, my child: \_\_\_\_\_  
How my child learns best: \_\_\_\_\_  
Interests: \_\_\_\_\_  
Things that motivate my child: \_\_\_\_\_  
Accomplishments/Proud Moments: \_\_\_\_\_  
Is there anything else you want the teacher to know? \_\_\_\_\_

**Home & Family Snapshot**  
Student Name: \_\_\_\_\_  
Parent/Guardian Name(s) & relationship to child: \_\_\_\_\_  
Language(s) spoken at home: \_\_\_\_\_  
Sibling Names & Ages: \_\_\_\_\_  
Additional Household Members, if any: \_\_\_\_\_  
Cultural or Religious Practices to Know About (optional): \_\_\_\_\_  
After school routine: \_\_\_\_\_  
Is there anything about your child's morning routine that might affect their mood or energy when they arrive at school? \_\_\_\_\_  
I want the teacher to know that... (optional): \_\_\_\_\_  
Recent or upcoming family/home changes (optional): \_\_\_\_\_



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# currently includes


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**'S FAVORITE THINGS**

My favorite animal is a  

My favorite toy is 

My favorite food is 

My favorite sport is 

**OPEN HOUSE TOUR GUIDE**

Feel free to view the following in any order. This helps prevent "traffic jams" in the classroom.

↓ List project/board here.

↓ List project/board here.

↓ List project/board here.

↓ List project/board here.

↓ List project/board here.

↓ List project/board here.

↓ List project/board here.

↓ List project/board here.

↓ List project/board here.

↓ List project/board here.

**I Know My Number!**

Student Name: \_\_\_\_\_ Number: \_\_\_\_\_

Copy your entire number into each of the boxes below.


Practice typing your number on the \_\_\_\_\_

**Student Snapshot**

Student's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronunciation: \_\_\_\_\_

3 words to describe your child: \_\_\_\_\_

In NEW situations, my child is: ☐ excited/curious ☐ cautious ☐ hesitant/anxious

How my child learns best: ☐ seeing/visual ☐ hearing/auditory ☐ doing/hands on

Hobbies and Interests: \_\_\_\_\_

Strengths: \_\_\_\_\_

Areas for growth: \_\_\_\_\_

Things that help my child feel relaxed, safe, and ready to learn: (check all that apply)

☐ knowing routines ahead of time ☐ having a friend or buddy nearby ☐ extra time to adjust

Things that motivate my child: (check all that apply)

☐ verbal praise ☐ responsibility/leadership ☐ small rewards ☐ working with peers

Accomplishments/Proud Moments: \_\_\_\_\_

Fears or Triggers: \_\_\_\_\_

A goal you have for your child this year: \_\_\_\_\_

Is there anything else you would like me to know about your child? \_\_\_\_\_

**Transportation Form**

Student Name: \_\_\_\_\_

Parent/Guardian Name(s) & Cell Number: \_\_\_\_\_

<b>Mondays</b>	car	bus	aftercare	other
<b>Tuesdays</b>	car	bus	aftercare	other
<b>Wednesdays</b>	car	bus	aftercare	other
<b>Thursdays</b>	car	bus	aftercare	other
<b>Fridays</b>	car	bus	aftercare	other

Additional Notes/Information: \_\_\_\_\_

**Home & Family Snapshot**

Student Name: \_\_\_\_\_

Parent/Guardian Name(s) & relationship to child: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Sibling Names & Ages: \_\_\_\_\_

Additional Household Members, if any: \_\_\_\_\_

Cultural or Religious Practices to Know About (optional): \_\_\_\_\_

After school routine: ☐ parent/guardian pick-up ☐ carpool ☐ bus ☐ aftercare other: \_\_\_\_\_

Is there anything about your child's morning routine that might affect their mood or energy when they arrive at school? \_\_\_\_\_

I want the teacher to know that... (optional) \_\_\_\_\_

Recent or upcoming family/home changes (optional): \_\_\_\_\_

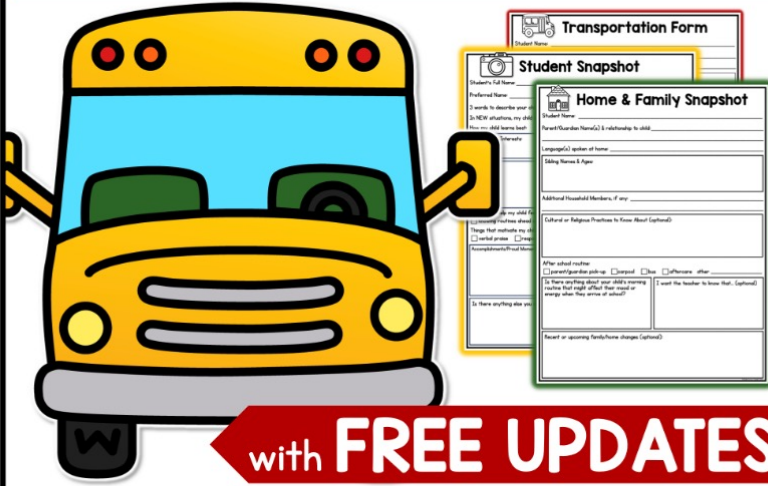
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**FORMS GALORE**  
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Enter your back-to-school form request below 🙋 \*

Your answer

Click to  
request  
**\*back-to-  
school\***  
forms to be  
added to the  
bundle for  
free!

*Please note  
requests are  
not guaranteed.*

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