



431 Eldridge Road
Sugar Land, Texas 77478
(281) 242-5437

Family History of _____
Last First Middle Date

ADDRESS _____ City _____ Zip _____

PHONE _____ Birth Date _____ Sex _____
Home Cell

In our efforts to better understand your child and aid in the process of his/her adjustment to our school, please take time to complete the following information. We have found that the more we know about your child and your family, the more we will be able to assist with your child's adjustment to our school.

Were there any special circumstances surrounding your child's birth such as premature birth, early trauma, early illness, adoption, prolonged hospitalization, etc.? If yes, please explain:

Does your child have any special attachments such as a blanket, pacifier, thumb, etc.? If yes, explain.

List in chronological order the names of schools that your child has attended. Include the age of your child and how long he/she was in attendance at each school.

List names and ages of siblings.

Are there any other people living in the home with your family? If so, list.

Does your child have pets? ____ If so, what are their names? _____

(Over)

(Family History Continued)

List discipline procedures found to be most effective with your child and why.

Put a Y for yes and a N for no to the following questions.

Does your child feed himself/herself? _____ Goes to bed easily? _____
Choose his/her clothes? _____ Is potty trained? _____ Has his/her own bedroom? _____
Dresses himself/herself? _____ Goes to bed alone? _____ Helps with chores? _____
Helps clean his/her room? _____

SPECIAL CONCERNS:

Fears _____

Health _____

Sun sensitivity _____

Is your child on medication? _____ Reason _____

Side effects _____

Operations _____

Serious Illnesses _____

Allergies _____

Birthmarks or other unusual markings on skin _____

Does your child run temperature easily? _____

Is your child subject to:

High temperatures _____ Convulsions _____ Visual difficulties _____

Speech difficulties _____ Hearing difficulties _____ Nosebleeds _____

Earaches _____ Headaches _____ Asthma _____

Stomach problems _____ Epilepsy or seizures _____

Urinary, kidney, bowel difficulties _____

What are you most interested in seeing School for Little Children develop in your child?

I understand that a staff member will be available for conferences upon requests by the parents.

I understand that special problems or occurrences affecting a child will be brought to the attention of the parents, including communicable diseases.

The information given to us about your child is confidential and will be shared only with your child's teachers and the administration.