

## Background Student Information

Dear Student and Parents/Guardians

It is very important for Student safety and cooperatipn of School and home that all information about each Student are correct. Therefor we ask you to fill in the following information.

**Childs name:** \_\_\_\_\_ ID number: \_\_\_\_\_

Address: \_\_\_\_\_

Phonenumber: \_\_\_\_\_

e-amil: \_\_\_\_\_

**Mothers name:** \_\_\_\_\_ ID number: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Fathers name:** \_\_\_\_\_ ID number: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobilephone: \_\_\_\_\_

Others we can reach in case of an emergency?

Name: \_\_\_\_\_ ID number: \_\_\_\_\_

Other information that the School should have?

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Does the Student speak any other languages?

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Does the Student know how to read? \_\_\_\_ Yes, in his/hers own language \_\_\_\_ Yes, in another language Which language? \_\_\_\_\_ \_\_\_\_ No

Does the Student know how to write? \_\_\_\_ Yes, in his/hers own language \_\_\_\_ Yes, in another language Which language? \_\_\_\_\_ \_\_\_\_ No

Does the Student have any learning disabilities? \_\_\_\_ Yes \_\_\_\_ No

If yes, then which? \_\_\_\_\_

Are there any analysis (psychological/reading)? \_\_\_\_\_

Students interests? \_\_\_\_\_

I want to participate in group shopping for school supplies (only for Students in 1. – 5. grade)

Yes

No