1C Questionnaire

Child's full name:		
Name to be used in school (if different):		
Child's date of birth:/		
Parent/Guardian name(s) and email(s):		
Primary language spoken at home:		
Other languages spoken, if applicable:		
Home address:		
Phone numbers (home, cell, work, etc.) *Please star the number that is the best way to reach you during the day.		
Sibling name(s), age(s), and Heath teacher(s)/homeroom(s), if applicable:		

How will your child get home from school each day? Be specific if transportation is different daily.			
Does your o	child have any hea	lth concerns or allergies?	
Do you give email list?	permission for yo	our email address(es) to be included in a class	
□ Yes	□ No	Signature	
, ,	•	our child's picture/work to be displayed on a essible only by the Heath community?	
□ Yes	□ No	Signature	
	te, Twitter feed,	our child's picture/work to be displayed on the and student blogs (NON password-protected, no	
□ Yes	□ No	 Signature	

