

# North Douglas Elementary Middle School

## New Student Teacher Information

Child's Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

### Daily Transportation:

\_\_\_\_\_ Bus    Bus # \_\_\_\_\_ (if you know if already)

\_\_\_\_\_ Provided by parent

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

The following people have permission to pick my child up from school:

\_\_\_\_\_  
\_\_\_\_\_

Please list any important information your child's teacher should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IEP:    Yes    No

504:    Yes    No

Food Allergies: \_\_\_\_\_