

Student Information Sheet

Name _____ DOB _____ Grade _____ HR _____

Mailing Address: _____

E-mail address _____

Parent/Guardian Name _____ Contact Number _____

Any Allergies/Health Concerns:

- Where were you born? (State or Country)
- Languages Speak
- Siblings/Ages
- Do you work? Where? How many hours?

Do you have a library card?

What kinds of books or stories do you like?

Do you like to have someone read to you?

Do you like to read to others?

I like teachers who.....

One thing you should know about me is.....

