

STUDENT INFORMATION SHEET

PLEASE FILL OUT THIS SHEET AND RETURN IT TO ME AS SOON AS POSSIBLE.

Child's Full Name: _____	Birthday: _____	Age: _____
Parent's Name: _____	Home Phone: _____	
E-mail Address: _____	Work Phone (Dad) _____	
	Work Phone (Mom) _____	
Mailing Address	Home Address	
_____	_____	
_____	_____	
APO AE _____	_____	

DEROS _____

Do you EXPECT your child will attend F.E.S. for the entire school year? Yes No

If not, when do you expect to leave? _____

Did your child attend Kindergarten last year?

Yes, s/he attended a British / _____ school.

<input type="checkbox"/> Yes, s/he went to Feltwell	Teacher's Name: _____
<input type="checkbox"/> Yes, s/he went to a DoDDS Kindergarten in _____	<input type="checkbox"/> $\frac{1}{2}$ day session (am) (pm)
	<input type="checkbox"/> Full Day session
<input type="checkbox"/> Yes, s/he went to a stateside Kindergarten in _____	<input type="checkbox"/> $\frac{1}{2}$ day session (am) (pm)
	<input type="checkbox"/> Full Day session
<input type="checkbox"/> No, my child did not have a formal Kindergarten experience.	<input type="checkbox"/> My child was home schooled.
	<input type="checkbox"/> Other: _____

Brothers and Sisters

Name	<input type="checkbox"/> only child	Age	Grade	Teacher (Feltwell Only)
1.				
2.				
3.				
4.				