

# KENT SCHOOL DISTRICT

## PARENT QUESTIONNAIRE

Student Name: \_\_\_\_\_  
First Middle Last Likes to be Called Birth Date

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Address where student is living: \_\_\_\_\_

### FAMILY BACKGROUND

Please list the names of the adults the student resides with and the relationship to him/her:

<u>Other children in the family:</u>	<u>Age</u>	<u>School/Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What language is spoken most often in your home? \_\_\_\_\_

Has there been an event (divorce, death, illness, etc.) in the family that might affect your child?

\_\_\_\_\_

Do you celebrate birthdays and/or holidays in your home? \_\_\_\_ Yes \_\_\_\_ No If no, please explain:

\_\_\_\_\_

### SCHOOL BACKGROUND

How many schools has your child attended in the last year? \_\_\_\_\_

Name, district, and state of the last school attended: \_\_\_\_\_

Does your child have any unpaid fines or fees at prior schools? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Has your child been in any special programs? (Special Education, ELL, etc.) \_\_\_\_ Yes \_\_\_\_ No

If yes, please list: \_\_\_\_\_

How does your child like school? Previous teachers? Other students?

\_\_\_\_\_

How is your child doing in school? (Grades, teacher feedback, etc.)

\_\_\_\_\_

Are there any past, current, or pending disciplinary actions involving your child? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Does your child have any history of violent behavior, sex or criminal offense, or controlled substance or alcohol violation? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Briefly describe your child's strengths and weaknesses: \_\_\_\_\_

Additional information: \_\_\_\_\_

Parent or Guardian Signature

Date