

# ALL ABOUT

(Student's Name)

BIRTHDAY:

# OF SIBLINGS:

FAVORITES:

- SUBJECT:
- COLOR:
- FOOD:
- HOBBY:
- SPORT OR ACTIVITY:
- MOVIE OR TV SHOW:
- ANIMAL:
- BOOK:



**PARENT / GUARDIAN TO BE INCLUDED IN CLASS ACTIVITY INVITATIONS:**

| NAME | RELATIONSHIP | EMAIL | PHONE |
|------|--------------|-------|-------|
|      |              |       |       |
|      |              |       |       |
|      |              |       |       |

**QUESTIONS (Please use the back if you need more space):**

1. Does your student have any food allergies or requests for support in participating in class enrichment activities (parties, field trips, etc.)?
2. Does your student have any special interests or skills to share with the class?
3. Do you have any special interests, hobbies, or skills you would like to share with class?
4. How available are you to pitch-in with class activities at school?  
-- weekly -- monthly -- a few times a year -- never --
5. Are you available to occasionally help with class projects from home? Yes / No
6. Is there anything else you would like me to know?

**RETURN TO:**

(Teacher's Name)