

Sepulveda Elementary

Ann Bray, Principal
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New Student Questionnaire

Student's Name: _____ DOB: _____ ☐ Male ☐ Female

Name of Previous School: _____ Grade: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Additional support your child might need in order to ensure his/her success in school:

- | | |
|---|---|
| ☐ behavior support | ☐ occupational therapy |
| ☐ social skills/intervention | ☐ ELL (English Language Learner) |
| ☐ speech therapy | ☐ GT (Gifted and Talented) |
| ☐ reading skills support | ☐ math skills support |
| ☐ family stress | ☐ legal paperwork |

Turn over...



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www.washoeschools.net/Sepulveda

Is there any other information you feel the teacher should know?

How will your child get home:

☐ Parent/Sibling ☐ Bus ☐ After-school program

☐ Other: _____

Student Health Information:

My child has a medical illness?

☐ Yes ☐ No

Diagnosis or Condition(s):

Is your child currently taking any medication? ☐ Yes ☐ No

If yes, please specify name and dosage of medication?

Where does your child take the medication? ☐ Home ☐ School ☐ Both

Parent Signature: _____