



**LARKSPUR-
CORTE MADERA
SCHOOL DISTRICT**

NEW STUDENT QUESTIONNAIRE

Child's Name: _____ Child's Birthday (mm/dd/yy): _____

Preferred name to address your child: _____ Gender: F / M

Names of siblings who attended LCMSD: _____

Parent #1 Name: _____ Email: _____

Parent #2 Name: _____ Email: _____

Primary Phone: (h) _____ (cell) _____ (w) _____

Primary Address: _____

Previous School: _____ Teacher Name/email/phone #: _____

Release granted to talk with previous teacher. YES / NO

****Please be as candid as possible. This information helps us make the appropriate placement for your child.****

Has your child experienced adjustment or behavior issues in previous schools? _____

Has there been a divorce, death or illness in the family, which might affect your child? _____

Do you read to your child? For older children, does your child read on his/her own? YES / NO

How often? _____

Does your child have any health problems of which the school should be aware? _____

Does your child have any allergies? _____

Did your child receive any special support services (academic, counseling, IEP or 504, EL instruction, etc.)
from the previous school? _____

How does your child respond to new situations and transitions? _____

Is your child easily frustrated? YES / NO If so, what frustrates your child ? _____

How would you describe your child's temperament/ disposition? _____

Please describe your child's strengths and interests. _____

Do you have any concerns about your child in school? _____

Does your child know anyone attending our campuses? If it's possible we like to place new students with a familiar face. Is there anyone that your child should be separated from if possible? We cannot guarantee anything with placement, as there are many factors! _____

Are you interested in being a regular classroom volunteer? YES / NO

Additional Comments: _____
