



**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: _____

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

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

Release granted to talk with previous teacher.	Yes	No	
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?			How often?
Does your child have any health problems of which the school should be aware?			
Does your child have any food allergies?			
Did your child have any special support services (academic, counseling, IEP, EL instruction, etc) in the previous school?			

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

Is your child easily frustrated? _____ 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. 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: _____
