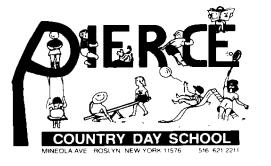
## ADDITIONAL REMARKS

Please use the space below to provide us with additional information, which you feel, would better assist us in understanding your child.				
PIERCE				
A TRADITION OF EXCELLENCE				
SINCE 1918				



Please Attach A photo of your child here.

Thank You!

Mineola Avenue, Roslyn, New York 11576 (516) 621-2211

## **CONFIDENTIAL INFORMATION**

THIS FORM MUST BE RETURNED <u>AS SOON AS POSSIBLE</u>
TO INSURE PROPER CLASS PLACEMENT ASSIGNMENTS
PARENTS PLEASE COMPLETE

	Date:		
		Sex: M F	
Child's Name:			
Telephone:	Date of Birth:		
Address:			
City:	State:	Zip:	
Father's Name:	Occupat	ion:	
Father's Business Phone:	Email:_		
Mother's Name:	Occupat	ion:	
Mother's Business Phone:	Email:		
Where parents can be reached between	en 9:00 AM and 4	:00 PM:	

Who lives at home:  Mother  Father  Sisters  Brothers  Aunt	CHARACTERISTICS - (Please check those which are appropriate)			
☐ Grandparents ☐ Uncle ☐ Other	☐ Cooperative	☐ Easy Going	☐ Leader	
Has your child been away from home more than two days?	☐ Alert	☐ Sensitive	☐ Strong Willed	
Has your child been to school/camp previously?	☐ Cheerful	☐ Team Worker	☐ Social	
Where?	☐ Easily Led	☐ Shy	☐ Assertive	
	What clubs, sports or after school activities does your child participate in?			
What are your child's responsibilities at home?				
	State special fears, if any			
Does your child make friends with: ☐ Own Age ☐ Younger ☐ Older				
Does child get along with others:  Basily Fairly Easily With Difficulty	Appetite: Robust Normal Below Average			
CLASS PLACEMENT - (Optional) (Please No Teacher Requests)  Please limit your requests to one child. Pierce will assume that this request has been fully discussed and agreed upon by both sets of parents before	State Food Restrictions/Allergies:			
being noted here. This is your responsibility. We will make every effort to accommodate these requests. However, we CANNOT compromise our student/staff ratios.	Health: Robust Normal Below Average			
1. Child's Name:	State any activity restri	ctions:		
NOTE: Conflicts regarding NOT TO BE WITH requests will be brought to your attention. Pierce will not play a role in this conflict resolution.				
Chief interests (hobbies, sports, talents):	Allergies: (Bees, dust, mold, grass, etc.,)			
What goals do you have for your child this year? (skills development,				
socialization, etc.)	Please use the reverse side of this form for any additional information or comments.			