

Please write below any comments about your child that may help the teacher work with him/her (health problems, behavior concerns, etc).

Home Language

Does anyone in your home speak a language other than English?

No _____ Yes _____ What Language? _____

Does the student speak a language other than English?

No _____ Yes _____ What Language? _____

Please allow records to be sent also to the student's non-custodial parent.

Name _____ Address _____
City, State, Zip _____

Do not allow records to be sent to the student's non-custodial parent.

New Students Only:

School last attended: _____

Address _____

Grade _____

Please sign and verify that the above information is correct and that you have received a copy of the DeLand-Weldon District student handbook.

Signature of Parent or Guardian _____ Date _____

Signature of Student _____ Date _____