

**KENT SCHOOL DISTRICT  
PARENT QUESTIONNAIRE**

Student Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Likes to be Called                                    Birth Date

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Address where student is living: \_\_\_\_\_

**FAMILY BACKGROUND**

Please list the names of the adults the student resides with and the relationship to him/her:

\_\_\_\_\_

<u>Other children in the family:</u>	<u>Age</u>	<u>School/Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What language is spoken most often in your home? \_\_\_\_\_

Has there been an event (divorce, death, illness, etc.) in the family that might affect your child?  
\_\_\_\_\_

Do you celebrate birthdays and/or holidays in your home? \_\_\_ Yes \_\_\_ No If no, please explain:  
\_\_\_\_\_

**SCHOOL BACKGROUND**

How many schools has your child attended in the last year? \_\_\_\_\_

Name, district, and state of the last school attended: \_\_\_\_\_

Does your child have any unpaid fines or fees at prior schools? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

Has your child been in any special programs? (Special Education, ELL, etc.) \_\_\_ Yes \_\_\_ No  
If yes, please list: \_\_\_\_\_

How does your child like school? Previous teachers? Other students?  
\_\_\_\_\_

How is your child doing in school? (Grades, teacher feedback, etc.)  
\_\_\_\_\_

Are there any past, current, or pending disciplinary actions involving your child? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

Does your child have any history of violent behavior, sex or criminal offense, or controlled substance or alcohol violation? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_

Briefly describe your child's strengths and weaknesses: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**