

Student Resume for _____

My actual or expected birthday is: ____/____/____



PARENT/GUARDIAN: _____ Occupation: _____ Employer: _____

Birthday: _____ Phone #: _____ Email: _____

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Birthday: _____ Phone #: _____ Email: _____



I live with: ___ Both Parents ___ Mom Primarily ___ Dad Primarily ___ Other _____

My siblings (name/age): _____

I also live with (name/relation): _____

We have pets (name/type): _____

We speak a second language at home: _____



If the following desired schedule is not available, please note the minimum schedule that you could initially enroll and as space opens up, you will be able to increase/change enrollment.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Extended Days - Arrive at _____am (no earlier than 7:30am),
Depart at _____pm (no later than 5:00pm) |
| <input type="checkbox"/> Tuesday | |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Full Days - Arrive at _____am (no earlier than 7:30am),
Depart at _____pm (no later than 4:00pm) |
| <input type="checkbox"/> Thursday | |
| <input type="checkbox"/> Friday | Notes: _____ |
| <input type="checkbox"/> Any 2 days | _____ |
| <input type="checkbox"/> Any 3 days | _____ |
| <input type="checkbox"/> Any 4 days | _____ |



My bedtime routine is: _____

At night, I go to bed at: _____ pm. In the morning, I wake up at: _____ am

My nap schedule (how many, start time, length): _____

- I sleep independently in my crib/bassinet/big bed (with or without a binkie).
- I need help falling asleep, am held when I sleep or usually sleep in a swing or other "container".

***At school my teachers will lovingly provide me with a safe/cozy sleeping space, so the sooner you help me learn independent sleep skills, the happier I will be in school!**

I like to be comforted by: _____

- I am used to loud noises in my home.
- I live in a quiet house and am not around loud noises often.

***School is not usually a quiet place, so the sooner you help me get used to noise while sleeping/awake, the happier I will be in school!**



My top 3 LIKES: _____

My top 3 DISLIKES: _____

My parents find the following most important when selecting a high-quality school for me to attend:

I have these special needs, allergies, and/or sensitivities that you should be knowledgeable about:

My parents would also like you to know: _____

