

Parent Information

Student		ID Number	Date
School	Teacher		Grade
Parent/Guardian	Home Phone		Work Phone
	Cell Phone		Email
Parent/Guardian	Home Phone		Work Phone
	Cell Phone		Email
Student Address	Number and Street	Apartment Number	City and State
			Zip Code

Please describe your child's strengths and challenges at home, at school, and within the community:

Are there any special issues, considerations, or additional relevant factors that you would like to share about your child?

Signature of Parent _____ Date _____

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.