



Student Information Sheet

Child's Full Name _____ Birthday _____

Brother/Sisters at Heron Heights _____ Yes _____ No _____
If yes, please provide Names and Grades _____

Preschool Information (If Incoming Kindergartner)

Number of years in Preschool _____ Preschool(s) Attended: _____

Please list child's allergies/health concerns (if any)

Does your child speak another language(s) other than English at home? _____

Was your child enrolled in any special programs at their previous school? If please describe.

Does your child have or had in the past and IEP (Individual Educational Plan), 504 plan, EP (Educational Plan), PMP (Progress Monitoring Plan) or any plan that required special services. Please describe _____

Academic Information

Describe your child as a learner in Reading

Describe your child as a learner in Math

Additional Information

What are your child's interests?

Additional information you would like Heron Heights to know about your child.



11010 Nob Hill Road
Parkland, Florida 33076
Attention: Adelle Peets
754-322-9190

REQUEST FOR RECORDS

TO THE PRINCIPAL OF _____

School Name

School Address

Street

City, State

Phone Number

Fax #

Student Name _____ Grade _____

Authorized Signature _____

Parent/Guardian