



WARREN T. JACKSON ELEMENTARY
NEW 1st – 5th GRADE STUDENT QUESTIONNAIRE

Welcome to Jackson! We look forward to many wonderful experiences with your child. For placement purposes, it would be extremely helpful if you would provide us with the following information.

Child's FULL name:		Nickname:
Date of Birth:	Age:	Gender:
Where did your child previously attend school?		
Please check any of the following programs your child was a part of at his/her former school?		
<input type="checkbox"/> English as a Second Language (ESOL)		
<input type="checkbox"/> Special Education (IEP)		
<input type="checkbox"/> Gifted/Talented		
<input type="checkbox"/> Student Support Team (SST/504 Plan)		
<input type="checkbox"/> Early Intervention Program (EIP)		

Please share any additional information about your child that you think would help us make the correct placement decision.
