



Sepulveda Elementary School

5075 Ion Drive

Sparks, NV 89436

(775) 626-5257 Fax (775) 626-5258

Ann Bray
Principal

Paulina Rios
Dean of Students

New Student Questionnaire

Student's Name: _____ DOB: _____ ☐ Male ☐ Female

Name of Previous School: _____ Grade: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Additional support your child might need in order to ensure his/her success in school:

- | | |
|---|---|
| <input type="checkbox"/> behavior support | <input type="checkbox"/> occupational therapy |
| <input type="checkbox"/> social skills/intervention | <input type="checkbox"/> ELL (English Language Learner) |
| <input type="checkbox"/> speech therapy | <input type="checkbox"/> GT (Gifted and Talented) |
| <input type="checkbox"/> reading skills support | <input type="checkbox"/> math skills support |
| <input type="checkbox"/> family stress | <input type="checkbox"/> legal paperwork |

Is there any other information you feel the teacher should know?

How will your child get home: ☐ Parent/Sibling ☐ Bus ☐ After-school program
☐ Other: _____



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Student Health Information

Child's Name: _____ DOB: _____ Grade: _____

My child has a medical illness? ☐ Yes ☐ No

Diagnosis or Condition(s): _____

Is your child currently taking any medication? ☐ Yes ☐ No

If yes, please specify name and dosage of medication?

Where does your child take the medication? ☐ Home ☐ School ☐ Both

Parent Signature: _____ Phone #: _____

Office Use Only:

Clinical Aide/Nurse: _____