

PARENT/GUARDIAN SURVEY

Please fill out the following form and send it back to school with your child. All of the following information is optional and will help me in providing an enriching educational experience for your child! I look forward to getting to know you this year.

-Ms. Richards

Name: _____

Relation to Student: _____

Phone: _____

Email: _____

**Informal contact will be done through email/
classroom website. Formal contact may be
made via phone.*

How long have you lived in Auburn? _____

What is your occupation:

Do you have other school-age children? What
grade(s)? _____

Do you have any special hobbies/interests/talents
that you would be open to sharing in the
classroom this year?

What is one goal that you have for your child?

Please list any allergies that your child has:

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