



Teacher Input Form

Student Name:

Person completing this form/school:

Date:

May we call you if we have questions? Yes No Phone#

The child named above has applied to Brighton School for enrollment. Thank you for completing this form to help us know this child better.

How long and in what capacity have you known this student?

What words or characteristics come to mind when you think of this student?

Do you have any concerns (social, emotional, academic or other) about this student?

What will help this child have the best school experience possible?

Please comment on parent participation and cooperation with school.