

Kindergarten Student Information Sheet (2 SIDED)

Student Name:	
Birthdate:	
What does your child preferred to be called:	
Last name to be used/taught:	
Home address:	
Home phone number (primary number for your child to learn):	
Language(s) spoken at home:	
Parents names:	
Preferred phone number for school communication:	
Email address to use for school communication:	
Sibling Information	
Name and age:	
Name and age:	
Name and age:	
Name and age:	
Transportation Plan	
Morning: (Please Circle)	Walk Dropped off Other: _____
Afternoon: (Please Circle)	Walk Pick-up by: _____ Boys & Girls Club Other: _____
Breakfast:	____ Yes, my child will eat breakfast at school. ____ No, my child will not eat breakfast at school.

Information Section

What prior programming has your child attended? (i.e.; Day Care, Private Preschool, HeadStart, 4K, K)

Please share any health concerns or problems:

Please share any special family/home situations you would like me to be aware of:

Please share any activities your child enjoys or participates in outside of school:

Please share any additional information you would like us to know about your child:

What are your hopes, dreams, and aspirations for your child?

When thinking about your child, what makes you most proud?

What topics interest your child?

What social skills would you like to see your child focus on this year?

What academic skills would you like to see your child focus on this year?