

KINDERGARTEN STUDENT INFORMATION

This information will be shared with your child's kindergarten teacher. The information will assist the teacher in planning an educational program and in getting to better know your child. If you need additional space, please feel free to attach a separate page.

Full Legal Name of Child _____ Date of Birth _____

How do you want your child's name learned and spelled? _____

Person Completing Form _____ Primary Address _____

With whom does the child reside (check all that apply): Both Parents Mother Father Joint Custody

Mother's/Guardian's Information: Name _____

Occupation _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Primary Email _____ Has access to the Internet: Yes No

Father's/Guardian's Information: Name _____

Occupation _____ Home Phone Number _____

Work Phone Number _____ Cell Phone Number _____

Primary Email _____ Has access to the Internet: Yes No

Names of Siblings in the family (oldest first):

Name	Date of Birth/Age	Grade/School	Living at Home?

• Is there another language, besides English spoken in your home? Yes No Language _____

Who in the household speaks the language? _____

• Please list health concerns/allergies for the student: _____

Special interests, hobbies, and talents of child and other family members: _____

• Any other information you would like to share with us about your child: _____

Description of Child: For each statement, X the one that best describes your child.

	Normal	Some Concern	Great Concern	Comments
Is active:				
Tires easily:				
Plays with other children:				
Spends time playing alone:				
Complies with parent wishes:				
Gets along with other children:				
Gets along with adults:				
Expresses self orally:				
Speech is understandable to others:				
Accepts changes in routine:				
Demands much individual attention:				
Has to be disciplined often:				
Experiences confusion in following simple directions:				
Experiences difficulty in remembering things:				
Gives up easily:				
Cries easily:				
Is cooperative:				
Fights with other children:				
Understands relationship between his/her behavior and its consequences:				
Has temper tantrums:				

Past Educational Status

Has your child had any previous school experience? Yes No If yes, please fill in the chart below.

Type	Name	How Many Hours and/or Days a Week Attended	Dates Attended
Preschool			
Daycare/Head Start			
Other			

1. Based upon your knowledge of your child, how do you feel about his/her readiness for kindergarten? _____

2. Describe any concerns regarding your child's past educational experience. _____

