

Kindergarten Information

BASICS:

Student's Name: _____

Nickname for School? _____

Birthday: _____ Age: _____

Thank you for taking the time to fill out this form completely and help us to know your child better!

CONTACT INFO:

Parent Name: _____

Email: _____

Cell # _____

Home/Work # _____

Parent Name: _____

Email: _____

Cell # _____

Home/Work# _____

ALLERGIES:

PETS:

SIBLINGS: Name, Age, Class/Grade

SCHOOL HISTORY:

1st DAY OF SCHOOL**DISMISSAL PLAN:****Bus****Walk****Carline****WCCC****DISMISSAL PLANS: Bus, Walker, Carline, WCCC**

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Kindergarten Information Survey, cont.

SCHOOL/CHILDCARE HISTORY:

Place:

Hrs.

Dates:

ADDITIONAL INFORMATION: Please use this space to share any additional information you feel is important to help facilitate a smooth transition for your child into kindergarten. (E.g. You child's strengths/challenges, style for approaching new situations/tasks, family or other background information, hopes, concerns, questions, hobbies, traditions, or interests.)