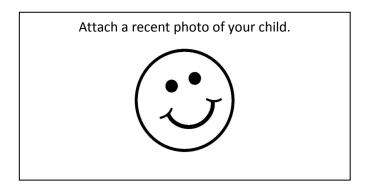
## KINDERGARTEN ENTRANCE FORM HILLTOP ELEMENTARY SCHOOL



Student Information:			
Name of Student:			
Last	First	Middle	
Student's name to be used in school:			
Date of Birth://			
Gender: Male Female			
Name of Preschool Attended:			
In an effort to learn more about your child and secure a proper placement, we ask that you complete the following table to the best of your knowledge.  Can Your Child:  Most of the Time  Not Yet			
Play cooperatively with other children			
Take turns/share with other children			
Print his/her name			
Sit and listen to a story			
Follow directions			
Separate from parents without being upset			
Use scissors correctly			
Play independently			
Hold a pencil or crayon properly			
Express feelings and/or needs			

Family Information:				
Please give all names and information that are applicable. Please √ ALL having legal				
custody.				
·				
Father's Name		Mother's Name     Mot		
Address:	Address:			
Contact #:				
		Stepfather's Name		
Stepmother's Name  Address:		Address:		
Addi ess.	Addi 833.			
Contact #:	Contact #:	Contact #:		
Legal Guardian's Name	Legal Gua	Legal Guardian's Name		
Address:	Address:	•		
Contact#:	Contact#:	Contact#:		
Please list all brothers and	sisters:			
Name	Age	Grade (if in school)		
Please list any additional information that the teacher needs to know. (For example:				
allergies, special needs /concerns)				