

Kindergarten Information

Child's Name _____

DOB _____

Has your child attended preschool on a regular basis?

Yes

No

If yes, please list the name of the pre-school:

What are your child's interests?

Is there any other student(s) your child should not be placed with?

We label many things with your child's name. What name would you like us to use? (Especially if your child goes by a form of his name – William; Billy, Bill, Abigail; Abby etc.) On all permanent records, we will use your child's legal name.

Do you have concerns about your child's transition to kindergarten? Yes No

If yes, please explain: (use the back of this form if additional space is needed)

Health issues / additional forms from the school nurse may be required:
