

# Student Info Sheet

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Names & Phone Numbers (I can reach you during the day)

Mom: \_\_\_\_\_ Phone # \_\_\_\_\_

Dad: \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Allergies/Medical concerns:

\_\_\_\_\_

\_\_\_\_\_

Transportation:

1<sup>st</sup> Day:

picked up by \_\_\_\_\_

bus # \_\_\_\_\_

after care

2<sup>nd</sup> Day:

picked up by \_\_\_\_\_

bus # \_\_\_\_\_

after care

Remainder of the Year

picked up by \_\_\_\_\_

bus # \_\_\_\_\_

after care

\*Any changes in dismissal requires a note to be sent to school indicating the changes. \*

Getting to Know You...

The following questions are intended to help me get to know each student and their readiness for kindergarten.

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

List Names of siblings:

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

List people who live in your household:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Previous School Experience: \_\_\_\_\_

Does your child know his/her full name?

Yes

No

Can your child clearly print his/her first name?

Yes

No

Does your child have a difficult time when you leave him/her?

Yes

No

Explain:

\_\_\_\_\_

\_\_\_\_\_

Have there been any changes at home that could affect your child?  
(death, separation, divorce, move, new baby, illness, etc)

Yes

No

Explain: \_\_\_\_\_

Does your child have any fears?

Yes

No

Explain: \_\_\_\_\_

Does your child play with children their own age?

Yes

No

Does your child enjoy learning?

Yes

No

Does your child have a positive view about school?

Yes

No

Explain: \_\_\_\_\_

My child is good at

\_\_\_\_\_

\_\_\_\_\_

My child struggles with

\_\_\_\_\_

\_\_\_\_\_

Anything else I should know about your child?

\_\_\_\_\_

\_\_\_\_\_