Los Alamitos Unified School District KINDERGARTEN INFORMATION SHEET



Dear Parent(s)/Guardian(s):

Your child will soon begin an exciting adventure in learning in Los Alamitos Unified School District. The kindergarten program will provide your child with many opportunities to develop social/emotional academic and physical skills. In order to design a program to meet your child's unique needs, we are asking for your help. Please take a few minutes to complete the following information.

Chi	ild's Name		T	Birth I	Date		Sex 🗋 M
(Please Print) First Last				(Month/Day/Year)			
		Name			uardian Name		
				Work Pho			
				r Step Mother			
				at school?			
2.				left hand?			
3.							
5.				th other children?			
	Same age		Ole	der	Younger		
6.	What are your child's interests? (drawing, building, stories, music)						
7.	How would yo	u describe your child	's usual temp	perament at home? (e	.g., happy, stubbo	orn)	
8.	Names and age	es of brothers and sist	ers				
9.	List anything e	lse about your child/	family that w	yould be beneficial to	the teacher:		
10.	What was your	child's first languag	e?E	EnglishSpar	nish		Other
11.	How does your	child feel about com	ing to schoo	ol?			
12.				many months?		ours weekly	?
13.	Which preschool? Does your child have any special health conditions? (e.g. vision, hearing, physical limitations, allergies, seizures, corrective shoes, medication, etc.)						
14.	Is there any oth	ner information that w	vould help us	s better understand yo	our child?		
15.	What do you h	ope your child will g	ain from this	kindergarten experie	nce?		
		would be willing to	volunteer in	my child's classroom			
	I	would be willing to	volunteer in	my child's classroom	and complete wo	ork at home.	

Parent/Guardian Signature