



Iowa City Community School District

Educational Services Center

Matt Degner Superintendent of Schools

1725 North Dodge Street • Iowa City, IA 52245 • (319) 688-1000 • Fax (319) 688-1009 • www.iowacityschools.org

Kindergarten Questionnaire

Date form completed _____

Please answer the following questions concerning your child who is about to enter kindergarten.

1. Child's Name: _____
First Middle Last (nickname preferred)

2. Birthdate: _____
Month Day Year

3. Older/younger siblings: Name Age

4. Others living in the home: Name Relationship to child

5. Name(s) and Location(s) of Preschool(s) your child has attended _____

6. After school information: Name Phone # How will child get there?

Will your child:

___ Go home _____

___ Go to sitter _____

___ Go to daycare _____

-over-

Revised 2020

7. Major illnesses/operations/injuries my child has had:

Year

8. Special medical needs/allergies/special dietary needs my child has at present:

9. My child is: Right-handed _____ Left-handed _____ Not established yet _____

10. Please note any other information that you feel would be helpful to your child's teacher:
