Kindergarten

Student Information Form

Student's name _____ _____ _____
Last First Middle

Nickname (name your child wishes to be called)_____

Date of birth: _____

Parent Names and Occupations:

_____

_____

Preschool (if any) child has attended:

_____

Medications taken regularly:

_____

Any allergies:

_____

Is your child independent in using the bathroom facilities? _____

Is your child independent with fastening skills? (i.e. buttoning, tying, zipping)

_____

My child will need help with _____

Is your child right-handed or left-handed? _____

Is there any difficulty in understanding your child's speech or articulation?

_____

Please list all those living in your household and what your child calls them.
Please include the ages of any siblings next to their name.

_____

_____

_____

Are there any special circumstances about your child or home that you wish to share with us?

_____

_____

Parent Signature _____