

Kindergarten Information Sheet

Student's full name _____

Last

First

Middle

Name student goes by _____

Address _____

Birth Date _____

Home Phone _____

Parent #1 Name _____

Parent # 2 Name _____

Occupation _____

Occupation _____

Phone Number _____

Phone Number _____

Child lives with (Adults in the house) _____

Other Children in the home:

Name

Sex

Age

School

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What languages other than English are spoken in the home? _____

Please indicate any religious beliefs or practices we should be aware of _____

Please indicate any family situations which would be beneficial to the teacher in working with your child; for example: death, desertion, divorce, illness, handicapped family members:

Is your child right or left-handed? _____

What type of discipline do you find most effective in the home? _____

Did your child attend preschool or a head start program? _____

If yes, where? _____

Is there anything else you wish us to know about your student? _____
