

Kindergarten Student Information

Student's Full Name _____

What does he/she like to be called? _____

Birthday _____ Parent's Names _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

What is your preferred contact method? _____

Medical Concerns/Allergies _____

Siblings (name and grade) _____

How will your child be getting home from school? Please be specific: bus and bus number, walk, gets picked up and by whom?

What are your child's interests outside of school? _____

What do you think your child's academic strengths are? Areas to work on? Concerns you may have?

Write down several characteristics that describe your child (shy, outgoing, etc)

Comments or anything else you would like me to know about your child.