

Student Information Sheet for Kindergarten

Child's full name _____ Birthdate _____

What would your child like to be called at school? _____

Parents' names _____ Occupation _____ Home # _____ Cell # _____

Mom _____

Dad _____

Please print clearly...

Mom's e-mail _____

Dad's e-mail _____

Does your child have any **food allergies** or medications to be taken at school? If so, what are they?

Please list any dietary restrictions or preferences that are not allergy related. For example, family does not eat meat, gluten, etc.

Which hand does your child use most often? Left ____ Right ____

Please list anything that you feel might positively or negatively affect your child's learning (medical, family situations, personality, learning style, etc.)

Please list any interests or hobbies that your child has.

What do you think your child will excel at in school? _____

What do you feel will be most challenging for your child this school year?

Has your child started reading yet? _____

Did your child attend pre-school? If so, where? _____

Would you like your name and e-mail address included in the class directory?

____yes _____no

Please fill this out and bring it to Meet the Teacher Night.

Thank you!