

## Kindergarten Student Information Form

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!**