



Kindergarten Student Information



Child's Name: _____

Name/Nickname to be used in school (on cubby, labels, etc.): _____

Primary Language: _____

Additional Languages Spoken: _____

Date of Birth: ____/____/____ Phone Number: _____

Address: _____

Parent/Guardian 1: _____ Relationship to Child: _____

Cell Phone: _____ Occupation: _____

Email Address: _____

Include this email address on KG emails? yes no

Parent/Guardian 2: _____ Relationship to Child: _____

Cell Phone: _____ Occupation: _____

Email Address: _____

Include this email address on KG emails? yes no

Does your child have siblings?

Name: _____ Age: _____ Grade/Class: _____

Name: _____ Age: _____ Grade/Class: _____

Name: _____ Age: _____ Grade/Class: _____

Dismissal Information:

How will your child leave the classroom at the end of the day? If there are any changes to this information, we ask you fill out a dismissal permission slip, provided outside our classroom door.

Please check the following items that apply:

- Extended Day
- Bus
- Parent/Guardian
- Sibling
- Caregiver
- Other: _____

About Your Child:

What are your child's favorite things to do? _____

What are your child's strengths? _____

What is something that is challenging for your child? _____

What concerns (if any) do you or your child have about kindergarten? _____

At the beginning of the year, your child will determine their "hopes and dreams" for their year in kindergarten. These may be social or academic goals. As parents, what are YOUR goals for your child's year in kindergarten?

Any additional information I should know about your child or family? Please write it here:
