

KINDERGARTEN INFORMATION SHEET

****PLEASE PRINT CLEARLY****

Legal Student Name _____ Gender Male or Female
(first) (middle) (last)

Current Address _____

Email _____

Subdivision _____ Mother's/Guardian(Mobile) _____

Student Date of Birth _____ Father's/Guardian(Mobile) _____

Mother's/Guardian Name _____
(first) (last)

Father's/Guardian Name _____
(first) (last)

Child lives with: Mother Father Both Other: _____

Primary language spoken in the home: _____

Other language spoken in the home: _____

Race/Ethnicity (circle one) Hispanic or Latino American Indian or Alaskan Native Asian
Black/African American Native Hawaiian or other Pacific Islander White

Did your child attend a preschool? YES NO

If yes, name of preschool attended _____

Do you have other children at Cowlshaw Elementary? List Name(s) _____

YES NO List Name(s) _____

Health concerns, other services needed, or any additional information you wish to share:

PLEASE RETURN THIS FORM TO THE OFFICE PRIOR TO ORIENTATION
In person, by fax 630-428-6101 or email ombretta.schutz@ipsd.org

Thank you!