KINDERGARTEN INFORMATION SHEET

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

Current Address _____

_____

Email _____

Subdivision _____ **Student Date of Birth** _____
Student lives with _____

Parent/Guardian Name _____
(first) (last)
Phone Number (H/C) _____

Parent/Guardian Name _____
(first) (last)
Phone Number (H/C) _____

Primary 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 (school name)? 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 McCarty Elementary School OFFICE PRIOR TO ORIENTATION