

# KINDERGARTEN INFORMATION SHEET

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

Current Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Subdivision \_\_\_\_\_ Phone Number (H/C) \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Phone Number (W) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(first) (last)

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 Gombert Elementary School?      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**

**Thank you!**