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** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Race/Ethnicity**  | Hispanic or Latino | American Indian or Alaskan Native | Asian |

|  |  |  |  |
| --- | --- | --- | --- |
| **(circle all that apply)** | 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:** |
|  |
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|  |
|  |

PLEASE RETURN THIS FORM TO THE (SCHOOL) OFFICE PRIOR TO ORIENTATION

Thank you!