Kindergarten Student Questionnaire

First and Last Name: _________________________________________________________________

Nickname: ____________________________  Birthday: ______________________________

Name to be used and written in school: ______________________________________________

Has your child attended any organized play groups, tiny tots, etc.? Yes or No
Which one and for how long: ________________________________________________________

Has your child attended any preschools? Yes or No
Which one and for how long? _________________________________________________________

Can your child write their name? Yes or No

Does your child have any allergies? Yes or No
If yes, please explain: ______________________________________________________________

Does your child have anything that might affect their learning? (Speech, motor skills or vision problems, an IEP, medical problems or anything else that you think is relevant)
_________________________________________________________________________________
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Please describe anything else that you may want to the teacher to know about your child so that they will know them better on the first day of school!

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Updated 04/27/2018