

# Hill Elementary - Kindergarten Information Sheet

*for your child's teacher*

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name my child would like to be called at school: \_\_\_\_\_

Language your child speaks at home: \_\_\_\_\_

Special instructional services/needs: \_\_\_\_\_

Medical conditions (allergies, asthma, ADHD, seizures, medications, heart conditions, etc.): \_\_\_\_\_

Name of pre-school/day care last attended: \_\_\_\_\_

Home address: \_\_\_\_\_

With whom does the child live: \_\_\_\_\_

Names and ages of other children: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

May it be published?    Yes    No

Father's name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

May it be published?    Yes    No

Over →

Child's interests (hobbies, sports, activities, etc.):

What are your child's strengths?

What are your child's challenges/weaknesses?

What are the skills/values you hope your child gains from Kindergarten?

Additional information you think would be helpful to the teacher?