



Sundance Kindergarten STUDENT INFORMATION SHEET

This form is designed for you to share some information about your child that will help us to plan the best educational program for each individual student this coming year. This form is not designed for parents to indicate their teacher preference.

Kindergarten classes are assembled based on age, gender, ESS enrollment, special needs and other criteria as needed. Specific class requests cannot be guaranteed. The PEPP class is only offered as a morning class.

STUDENT INFORMATION:

Child's Name: _____

Birthdate: _____ Phone Number: _____

Male or Female: _____ Parent Name(s): _____

Name your child will use in class (i.e. Johnathon or John): _____

Other Children in Family	Age	Grade Level in School
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child will:

Carpool With _____ Be Picked up By _____ Attend Sundance ESS _____

1. Has your child had preschool or playgroup experience? Please give name of school and number of years attended. _____

2. Does your child have any difficulties with speech? _____

3. Does your child have any health problems or allergies? _____

4. Does your child have any special interests? _____

5. Is your child afraid of anything? _____

OVER

Please complete other side

6. My child is: right handed or left handed: _____

7. What skills has your child acquired? Please check all that apply:

- | | | | |
|--------------------------|---------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Knows phone number | <input type="checkbox"/> | Can recognize numbers to 12 |
| <input type="checkbox"/> | Knows birthday | <input type="checkbox"/> | Recognizes capital letters |
| <input type="checkbox"/> | Can say full name | <input type="checkbox"/> | Recognizes lower case letters |
| <input type="checkbox"/> | Can print first name | <input type="checkbox"/> | Recognizes letter sounds |
| <input type="checkbox"/> | Can print last name | <input type="checkbox"/> | Likes to listen to stories |
| <input type="checkbox"/> | Counts to (how far?)_____ | <input type="checkbox"/> | Has experience with crayons |
| <input type="checkbox"/> | Knows the names of colors | <input type="checkbox"/> | Has experience with scissors |

8. Would you be interested in helping in the classroom? Is there a particular day and time that is best for you? _____

9. Is there anything else that you would like to tell me about your child? _____

10. What do you feel are your child's strengths/weaknesses? _____

Thank you for taking the time to tell us more about your child. We look forward to meeting your student on the first day of school!