

Klager Elementary

Kindergarten Classroom Information

Dear Parent,

Please complete this form. The information you provide will help determine placement and will be shared with your child's teacher.

1. Child's Name _____

2. Name you want your child to be called at school. This is the name we will teach your child to write. Please print clearly.

3. Birth date: _____

Sex: Male Female

4. ***Mother***

Father

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Marital Status: _____

Marital Status: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

5. Who does your child live with and/or spend time with?:

6. What previous school experience does your child have?

*** DON'T FORGET THE OTHER SIDE ***

7. Does your child have any allergies, medical problems, or any *diagnosed food allergies*?

8. Siblings in the family (list names and ages):

_____	_____
_____	_____
_____	_____

9. Strengths and interests of your child _____

10. Areas you would like to see your child grow (social skills, academic skills)? _____

11. Anything else you would like to share with your child's teacher (anxieties, dislikes)? _____
