



# Washington School Kindergarten Information Sheet



**Child's Legal Name:** \_\_\_\_\_

Child's Name to be used at school. (This is the name they will learn to write):  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student's Age Entering Kindergarten: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Does your child have any physical disabilities, or other disabilities, allergies, or any medical history that you feel would affect his/her school career? If so describe fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special problems with your child at home, such as fears, temper tantrums, lack of respect for authority, etc.? \_\_\_\_\_  
\_\_\_\_\_

### **Parent/Guardian Communication:**

**Parent/Guardian Full Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

Address: \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_ (For class updates, photos, etc)

Lives with Student

**Parent/Guardian's Full Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

Address: \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_ (For class updates, photos, etc)

Lives with student

### **How will your child get home from school?**

Bus # \_\_\_\_\_

Pick Up at school by: \_\_\_\_\_

Are there any activities or holidays that your child is not allowed to take part in? If yes, please list:  
\_\_\_\_\_

Can I take your child's picture to put in class books and use in school related activities?

YES  NO



Number of children living in student's home:  siblings.

Student is number  out of

Other siblings attending Dixon Public Schools:

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Student has attended preschool:  no  yes

Where: \_\_\_\_\_

Student has previously or is currently receiving special services:  IEP  Speech  Counseling

Physical Therapy  Occupational Therapy  Other: \_\_\_\_\_

**Developmental Skills:**

Please choose the response that best fits your child.

	Hasn't tried yet / avoids	Is currently working on	Does all the time on own
Writes first name with an uppercase at the beginning (Rest is lowercase)			
Cuts with scissors on lines			
Counts 4-10 objects correctly			
Pretends to read by looking at pictures			
Draws a person (without help) with all body parts (head, body, arms, legs, facial features)			
Recognizes first name in print			
Ties shoes			

**Social Skills:**

Please choose the response that best fits your child.

	Hasn't tried yet / avoids	Is currently working on	Does all the time on own
Chooses to verbally express both positive and negative feelings			
Plays well with others			
Seeks the attention of others in appropriate manner			
Does things for him/herself (dress self, tidies belongings, and takes care of own toilet needs)			
Follows through when you give directions			
Attempts new tasks, acknowledging it's okay to make mistakes			

**Comments:**