ROCHESTER COMMUNITY SCHOOLS
PRIDE IN EXCELLENCE

# Tell Us About your Kindergarten Student

**(All information is confidential)**

**Please return form to your school's office.**

**Child's Name**_____**Male**_____**Female**_____

**My Child Prefers to be Called**_____**Date of Birth**_____

**Address**_____**City**_____

**Home Telephone Number**_____

**Preferred Email Address**_____

**Mother/Guardian's Name**_____**Cell/Business Phone**_____

**Place of Employment**_____

**Father/Guardian's Name**_____**Cell/Business Phone**_____

**Place of Employment**_____

**If your child attended Preschool, how often did he/she attend?**_____

_____

1. **Please list any siblings (Name and Age)**

_____

_____

_____

_____

2. **What do you view as your child's greatest strengths?**

_____

_____

_____

_____

3. **Are there any social, emotional, physical or academic issues that may be an area of concern?**

_____

_____

_____

4. **What does your child like to do in his/her free time?**

_____
_____
_____
_____
_____
_____

5. **What concerns or goals do you have for your child in his/her kindergarten year?**

_____
_____
_____
_____
_____
_____

6. **Does your child have any medical concerns we should know about? Please circle all that apply?**

   Allergies, vision, hearing, diabetes, heart conditions, syndromes, asthma, seizures, dietary restrictions, dental appliances, motor restrictions, other (Please describe)

_____
_____
_____

7. **Is your child attending SAC (School Age Care)? If yes, which days?**_____

8. **Is your child currently receiving special education services? If yes, please provide additional information.**

_____
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