



# KLES Kindergarten Information Sheet



Student's Name \_\_\_\_\_

Name Called at School \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Preschool Attended \_\_\_\_\_ How Many Years \_\_\_\_\_

Siblings

Name

Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your child (likes, dislikes, fears, personality, special needs).

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Does your child receive special services such as ESE or Speech? Please give details:

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Please circle which option best describes your child's ability.

My child recognizes:

Uppercase Letters	All	Some	A few	None
Lowercase Letters	All	Some	A few	None
Basic Colors	All	Some	A few	None
Numbers to...	10	20	50	100

What is the primary language spoken in your home? \_\_\_\_\_

Is there a language other than English spoken at home? Yes \_\_\_\_\_

Are you interested in volunteering in your child's classroom? Please circle one option.

Once a week      Only at home      Occasionally      Unavailable

Does your child have any allergies? Please give details:

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Please provide any additional information that you think would be helpful for your child's kindergarten teacher to know.

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