Lopez Elementary

Kindergarten Information Sheet

Child's Full Name:			
	Last	First	Middle
Name child goes by:			
Address:	_		
Birthdate:	Dayt	time Phone:	
Doctor:		Dentist:	
Father's Name:	Mother's Name:		
Occupation:			
Work Phone:			
Child is living with:	Mother & Father	MotherF	atherOther
Please indicate religious belief	s or practices of which	we should be aware	:
Please indicate any family situa	ations which would be	beneficial to the tea	cher in working with the child:
Other children in the home: Name	M/F	Age	School
	_		
Are there any circumstances in unusual habits, serious medica			d know about such as allergies,
Is the child left or right handed	d:Left	r	ight
What type of discipline do you	find most effective in	the home?	
What language other than Eng	lish is spoken in the ho	ome:	
Did your child attend preschoo	ol/Head Start:Yes	No Where?_	

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