



## STUDENT PROFILE FOR KINDERGARTEN TEACHER'S USE

Parents: please complete this form and return to the school office (**Please print**)

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Name student goes by, if different \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

Home Telephone \_\_\_\_\_ Resides with \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_ Right-handed \_\_\_\_\_ Left-handed \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Is your child allergic to any food, medicine or animals? Please list all allergies:

\_\_\_\_\_

Has your child had speech therapy? If yes, when, where and for how long?

\_\_\_\_\_

Please list other children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Languages spoken in the home \_\_\_\_\_

If your child has attended pre-school, please fill in below:

Name of school \_\_\_\_\_ How long? \_\_\_\_\_

If your child is currently attending a day-care facility, please fill in below:

Name of school \_\_\_\_\_ How long? \_\_\_\_\_

Please state below any information that might help me to better know and understand your child, including interests, fears, learning differences or speech concerns (use the back if needed):

\_\_\_\_\_

\_\_\_\_\_

Lined writing area consisting of 28 horizontal lines.