Kindergarten Questionnaire

Date form completed ____________________________

Please answer the following questions concerning your child who is about to enter kindergarten.

1. Child’s Name: ________________________________
   First         Middle         Last         (nickname preferred)

2. Birthdate: ________________________________
   Month       Day         Year

3. Older/younger siblings: Name Age
   __________________________________________
   __________________________________________
   __________________________________________

4. Others living in the home: Name Relationship to child
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

5. Name(s) and Location(s) of Preschool(s) your child has attended ________________________________

6. After school information: Name Phone # How will child get there?
   __________________________________________
   __________________________________________
   __________________________________________

   Will your child: ____________________________
   ____ Go home ______________________________
   ____ Go to sitter __________________________
   ____ Go to daycare _________________________

   -over-

Revised 2020

The mission of the Iowa City Community School District is to ensure all students will become responsible, independent learners capable of making informed decisions in a democratic society as well as in the dynamic global community; this is accomplished by challenging each student with a rigorous and creative curriculum taught by a diverse, professional, caring staff and enriched through the resources and the efforts of families and the entire community.
7. Major illnesses/operations/injuries my child has had: Year

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Special medical needs/allergies/special dietary needs my child has at present:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. My child is: Right-handed______ Left-handed_______ Not established yet__________

10. Please note any other information that you feel would be helpful to your child’s teacher:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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