



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:
