

# Pre-Kindergarten Information Sheet

Teacher Name: \_\_\_\_\_

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

Parents'/Guardians' Name(s) \_\_\_\_\_

Parents'/Guardians' Phone(s) \_\_\_\_\_

Parents'/Guardians' Email(s) \_\_\_\_\_

Best form of contact for parent/guardian \_\_\_\_\_

Parents'/Guardians' Occupation(s) \_\_\_\_\_

Do you have access to internet? (please circle)      yes      no

Please list any people who are allowed to pick up your child from school and their relationship to the child:

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Siblings Name and Age (This will help us when learning to spell our families' names):

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Important Family Members Names

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Do you have any pets? What are their names? \_\_\_\_\_

What are your child's greatest strengths and weaknesses?

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What are your goals for your child this year?

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When your child becomes upset, what works best to calm them down?

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How would you like to be involved in our classroom community (sharing family traditions, holidays, cultures, classroom volunteer, reading to the classroom, donating supplies, attending field trips, etc) ?

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Please use this space to write anything you would like me to know about your child or your family.

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