



Hancock Elementary School

## Kindergarten Student Questionnaire

First and Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name to be used and written in school: \_\_\_\_\_

Has your child attended any organized play groups, tiny tots, etc.? Yes or No

Which one and for how long: \_\_\_\_\_

Has your child attended any preschools? Yes or No

Which one and for how long? \_\_\_\_\_

Can your child write their name? Yes or No

Does your child have any allergies? Yes or No

If yes, please explain: \_\_\_\_\_

Does your child have anything that might affect their learning? (Speech, motor skills or vision problems, an IEP, medical problems or anything else that you think is relevant)

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Please describe anything else that you may want to the teacher to know about your child so that they will know them better on the first day of school!

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