

KINDERGARTEN ENTRANCE FORM HILLTOP ELEMENTARY SCHOOL

Attach a recent photo of your child.



Student Information:

Name of Student: _____

Last

First

Middle

Student's name to be used in school: _____

Date of Birth: ____ / ____ / ____

Gender: Male Female

Name of Preschool Attended: _____

In an effort to learn more about your child and secure a proper placement, we ask that you complete the following table to the best of your knowledge.

Can Your Child:	Most of the Time	Not Yet
Play cooperatively with other children		
Take turns/share with other children		
Print his/her name		
Sit and listen to a story		
Follow directions		
Separate from parents without being upset		
Use scissors correctly		
Play independently		
Hold a pencil or crayon properly		
Express feelings and/or needs		

Family Information:

Please give all names and information that are applicable. Please ✓ ALL having legal custody.

Father's Name

Mother's Name

Address:

Address:

Contact #:

Contact#:

Stepmother's Name

Stepfather's Name

Address:

Address:

Contact #:

Contact #:

Legal Guardian's Name

Legal Guardian's Name

Address:

Address:

Contact#:

Contact#:

Please list all brothers and sisters:

Name	Age	Grade (if in school)

Please list any additional information that the teacher needs to know. (For example: allergies, special needs /concerns)
