

# **COLTS NECK TOWNSHIP SCHOOL DISTRICT**

**Registration Department**

**732-946-0055 x4114**

**Susan Gill, District Registrar**

## **WELCOME TO COLTS NECK TOWNSHIP SCHOOLS**

### **REGISTRATION REQUIREMENTS**

Before proceeding, parents/guardians must read the information contained in this document to ensure all required paperwork is in order before you register your child(ren). A completed registration packet and copies of all requirements listed below must be uploaded when you are pre-registering your child(ren) in Genesis (our Student Information System -(Step 2) in the registration process under **New Student Registration** on the district website.

#### **1. Proof of Age – Original Birth Certificate:**

A photocopy of your child(ren)'s birth certificate with official raised seal of the municipality in which the child(ren) was born.

##### **AGE REQUIREMENTS:**

Kindergarten: A child **must be five (5) years of age on or before October 1** to be eligible to enter Kindergarten in September.

First Grade: A child **must be six (6) years of age on or before October 1** to be eligible to enter First Grade in September.

#### **2. Custody Agreement (if applicable):**

If divorced, you must provide attached supporting documentation of residential custody. Upload all documentation regarding custody issues, restraining orders or visitation schedules that the district needs to know about.

#### **3. Three (3) Proofs of Residency:**

A total of three (3) proofs of residency in Colts Neck Township are required for student registration. Photocopies of the below items must be uploaded during the pre-registration process.

##### **Please choose one (1) item from the following list:**

- Deed
- Valid lease or rental agreement
- Sworn Statement of Tenancy (if applicable)
- Certificate of Domicile (if you are residing with another family in Colts Neck (if applicable))

##### **Please choose two (2) items from the following list:**

- Closing Disclosure
- Property Tax Bill
- Current monthly mortgage statement or online statement
- Certificate of Occupancy
- Current Utility bill or online statement (ie: gas, water, cable, electric etc. – any statement with your name and address on it)
- Valid N. J. driver's license
- Voter Registration

**EARLE RESIDENTS:** Must provide their Lease, Military Orders, EARLE Housing Letter, Earle Housing form. (Packet A)

**EARLE LIAISON:** Christopher Hendrix Email: [christopher.p.hendrix2.naf@us.navy.mil](mailto:christopher.p.hendrix2.naf@us.navy.mil)

**Please note:**

- Post office boxes are not considered legal documents for proof of residency. Parents who have entered into a contract to purchase or lease a home, but have not yet moved into the township, are eligible to register their child(ren) pursuant to the district's **Eligibility of Resident/Non-Resident Pupils – 5111** and have sixty (60) days to provide proof of residency.

**4. Proof of Current Physical:**

A photocopy of the current physical exam dated, signed and stamped by the physician's office.

**5. Immunization Records:**

A photocopy of the child's vaccination record including the below immunizations.

Immunizations required for students enrolling in grades Preschool – 8:

- **DTAP/DTP:** 4 doses, with one dose given on or AFTER the child's fourth birthday OR any 5 doses.
- **POLIO:** 3 doses, with one dose given on or AFTER the child's fourth birthday OR any 4 doses.
- **Measles, Mumps, Rubella:** 2 doses of measles, 1 dose of mumps and 1 dose of rubella OR 2 MMR doses.
- **Hepatitis B:** 3 doses.
- **Varicella:** 1 dose on or after the first birthday.
- **Meningococcal:** Entering Grade 6\*: 1 dose
- **TDAP:** Entering Grade 6\*: 1 dose

\*Tdap and Meningococcal vaccines are required for all 6<sup>th</sup> graders who are 11 years of age or older.

**Additional Immunizations required for students enrolling into the Preschool Program:**

- **Pneumococcal:** 1 dose, 1 of which is given after the child's first birthday.
- **Hib:** 1 dose, 1 of which is given after the child's first birthday.
- **Influenza:** 1 dose given between September and December every year the child attends the Preschool Program.

**6. Other Medical Requirements:**

- **Mantoux TB test:** A Mantoux TB test is required if moving into the district from another country. The test can be no more than six (6) months old. The necessity of the test will be determined when registering.
- **Additional Health Forms:** Additional Health forms may be required for specific medical conditions (ie: food allergies, asthma, etc.) **Health forms are available on the nurses' websites. (SEE STEP 3 in the Registration Process under New Student Registration on the district website).**

**7. Special Services Information:** If your child has an **Individualized Education Plan (IEP)**, and/or receives any additional special services and/or accommodations such as **ESL Services or a 504 Plan**, a copy for our records **MUST** be uploaded during your pre-registration process.



# Colts Neck Township Schools



70 Conover Road, Colts Neck, NJ 07722  
Phone: 732-946-0055  
Fax Board Office: 732-837-0785  
[www.coltsneckschools.org](http://www.coltsneckschools.org)

Colts Neck Township Board of Education

## **REGISTRATION CERTIFICATION** **(Complete ONLY if you own a home)**

As the parent or guardian of this student, I hereby request enrollment of the named child in the Colts Neck Township School District, Monmouth County, New Jersey. I certify that my child is eligible for a free public education in the Colts Neck Township School District by virtue of legal residency within the district. I also understand that my child's right to attend school in this district will be investigated, and that falsified residency information may result in the child's removal and the assessment of tuition charges.

I further give my permission to disclose information from my child's education records to local, state, and federal agency representatives for the sole purpose of Medicaid reimbursement of related services described in my child's Individual Education Plan (IEP), if applicable.

I further understand that the School Health Examination form is required for enrollment, and that until this form is submitted and approved by our nursing staff, my child will not be allowed to participate in district athletic programs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name



**HOME LANGUAGE SURVEY**

It is required by New Jersey Administrative Code (N.J.A.C. 6A:15-1.3) that each school district will collect a Home Language Survey form to identify students who may need to be assessed for English Language Proficiency. To meet this state requirement, your cooperation in completing this form is greatly appreciated.

**PLEASE PRINT CLEARLY AND FILL IN FORM COMPLETELY.**

Student's Name		Grade
Student's Place of Birth	[City] [State] [Country]	
Year of Entry into the U.S. (If born in U.S. and re-entering, Date of Re-entry)	[Month]	[Year]
First Date of Entry in a U.S. School	[Month]	[Year]
Relationship of Person Completing Survey [ ] Parent 1 [ ] Parent 2 [ ] Guardian [ ] Other <i>Specify</i>		

**Directions: Check the correct response for each of the following questions:**

- |   | <b>English</b> | <b>Other</b> |
|---|----------------|--------------|
| 1. What was the first language used by the child?   | _____          | _____        |
| <b>If "Other" - proceed to question 2a</b>  | <b>YES</b>     | <b>NO</b>    |
| 2. At home, does the child hear or use a language other than English more than half of the time?  | _____          | _____        |
| <b>If "Yes" - proceed to question 7      If "No" - proceed to question 4</b>  |                |              |
| 3. Does the child understand a language other than English?   | _____          | _____        |
| <b>If "Yes" - proceed to question 4      If "No" - Survey Complete</b>  |                |              |
| 4. When interacting with his/her parents or guardians, does the child use a language other than English more than half of the time?                     | _____          | _____        |
| <b>If "Yes" - proceed to 7      If "No" - proceed to question 5</b>   |                |              |
| 5. When interacting with caregivers other than their parents or guardians, does the child use a language other than English more than half of the time? | _____          | _____        |
| 6. Has the child recently moved from another school district/charter school where he/she was identified as an English language learner?                 | _____          | _____        |
| 7. Please list the name of the "Other" language in which you indicated above.   | _____          |              |

Signature of Person Completing Survey

Date Signed

# Colts Neck Township Schools

Superintendent of Schools  
MaryJane Garibay, Ed.D.



70 Conover Road, Colts Neck, NJ 07722  
Phone: 732-946-0055  
Fax Board Office: 732-837-0785  
www.coltsneckschools.org

Business Administrator/Board Secretary  
Vincent S. Marasco

## Military Family Data Form

**\*\*THANK YOU FOR YOUR SERVICE\*\***

Date: \_\_\_\_\_ Student Grade: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Address: \_\_\_\_\_

On Base / Post: ☐ Yes ☐ No

Parent Name #1: \_\_\_\_\_

Member of Uniformed Services of the US: ☐ Yes ☐ No

1. Active Duty (including AGR): ☐ Yes ☐ No Dual Status Military: ☐ Yes ☐ No

Print Service \_\_\_\_\_

2. Reserve: ☐ Yes ☐ No National Guard: ☐ Yes ☐ No Mobilized / Deployed: ☐ Yes ☐ No

Grade/Rank: \_\_\_\_\_

Duties: \_\_\_\_\_

Parent Name #2: \_\_\_\_\_

Member of Uniformed Services of the US: ☐ Yes ☐ No

1. Active Duty (including AGR): ☐ Yes ☐ No Dual Status Military: ☐ Yes ☐ No

Print Service \_\_\_\_\_

2. Reserve: ☐ Yes ☐ No National Guard: ☐ Yes ☐ No Mobilized / Deployed: ☐ Yes ☐ No

Grade/Rank: \_\_\_\_\_

Duties: \_\_\_\_\_

Remarks / Additional Information: \_\_\_\_\_

### Siblings Enrolled in Our District

Name \_\_\_\_\_ DOB: \_\_\_\_\_ District: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ District: \_\_\_\_\_

### Siblings NOT Enrolled in Our District

Name \_\_\_\_\_ DOB: \_\_\_\_\_ District: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ District: \_\_\_\_\_



**Please answer the following questions:**

1. Do you or anyone in your household WORK on a military base or post? ☐ Yes ☐ No

If yes, please list name and address of the base or post (include standalone facilities ( i.e. Reserve Centers, Recruiting Stations):

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2. Please list the name and address of the employer for which you are working for on NWS Earle, other base, on other Federal Property, or other non-Federal Property:
- 

Duties:

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3. Do you or anyone in your household RESIDE on a military base or post? ☐ Yes ☐ No
-



**PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**  
**(For General Education Students Only)**

In accordance with New Jersey Administrative Code, Title 6:3- 2.5 the release of school records is authorized by the undersigned, regarding the child(ren) named below, to the Colts Neck School District:

Name	Sex	Grade	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____

Name and complete address of prior school, including contact person, and phone number and email.

**SCHOOL ADDRESS:** \_\_\_\_\_

**SCHOOL PHONE NUMBER:** \_\_\_\_\_

**SCHOOL EMAIL:** \_\_\_\_\_

\_\_\_\_\_  
**Signature Parent/Guardian** **Date**

**REQUEST FOR TRANSCRIPT OF STUDENT RECORDS**

**Date:** \_\_\_\_\_

The child(ren) named above have been registered in a Colts neck Township School for the \_\_\_\_\_ school year. To facilitate proper placement, please send the school records as authorized to:

☐ **Principal (Pk-2)**  
Conover Road Primary School  
56 Conover Road  
Colts Neck, NJ 07722  
732-946-0055 x 4700

☐ **Principal (3-5)**  
Conover Road Elementary School  
80 Conover Road  
Colts Neck, NJ 07722  
732-946-0055 x 4300

☐ **Principal (6-8)**  
Cedar Drive Middle School  
73 Cedar Drive  
Colts Neck, NJ 07722  
732-946-0055 x 4500



**PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**  
**(For Special Education Students Only)**

**From Public/Private/Nonpublic or Out of State School/District or County  
Educational  
Services Commission**

I, \_\_\_\_\_ (parent/guardian name), authorize the Colts Neck Department of Special Services to receive the complete Special Education Records and School Records (including but not limited to educational performance, medical information, social/emotional functioning, Child Study Team evaluation reports and IEP) regarding my child, \_\_\_\_\_, from the following public, private, nonpublic or out of state school, district, or county Educational Services Commission:

Name of School/District: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person Name (If Available): \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Send all records to:**

Colts Neck Township School District  
Attn: Special Services Department  
70 Conover Road  
Colts Neck, NJ 07722  
732-946-0055 x4124



**MAILING ADDRESS (IF DIFFERENT FROM CURRENT ADDRESS):**

Street: \_\_\_\_\_

Apt. Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**PREVIOUS ADDRESS:**

Street: \_\_\_\_\_

Apt. Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How long did you live at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

**PARENT/GUARDIAN INFORMATION:**

Name of Person Enrolling Student: \_\_\_\_\_

Relationship to Student if other than Parent: \_\_\_\_\_

**This child lives with (check one):**

☐ Both Parents

☐ Parent 1 only

☐ Parent 2 only

☐ DCP&P Placement

☐ Parent 1 and Stepparent

☐ Parent 2 and Stepparent

☐ Foster Home ☐ Guardian

**Parent's Marital Status:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
Single \_\_\_\_\_

**!! IF DIVORCED, PLEASE PROVIDE DIVORCE DECREE FOR PARENT OF PRIMARY RESIDENCE!**

*The information below must be filled out for **BOTH** parents. If a student has a guardian, parent information must also be completed.*

Parent 1's Name: \_\_\_\_\_  
(Last) (First)

Parent 1's Address: \_\_\_\_\_

Parent 1's Day Phone (during school hours): \_\_\_\_\_

Parent 1's Home Phone: \_\_\_\_\_ Parent 1's Cell Phone: \_\_\_\_\_

Parent 1's Email Address: \_\_\_\_\_

Parent 1's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent 2's Name: \_\_\_\_\_  
(Last) (First)

Parent 2's Address: \_\_\_\_\_

Parent 2's Day Phone (during school's hours): \_\_\_\_\_

Parent 2's Home Phone: \_\_\_\_\_ Parent 2's Cell Phone: \_\_\_\_\_

Parent 2's Email Address: \_\_\_\_\_

Parent 2's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Stepparent's Name (if applicable): \_\_\_\_\_  
(Last) (First)

Stepparent's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Stepparent's Employer: \_\_\_\_\_

**PLEASE BE SURE TO CHECK OFF AN ANSWER : "YES", "NO" or "N/A".**

1. Is/Are the student's parents domiciled (live) in different districts, regardless of which parent has custody? ☐ Yes ☐ No ☐ N/A

**PLEASE BE SURE TO CHECK OFF THE FOLLOWING.**

2. Does the student reside with one parent for the entire year? If so, with which parent and at what addresses? Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_  
Other: \_\_\_\_\_ (please list):

Address: \_\_\_\_\_

1. If the student lives (sleeps) with both parents on an equal time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? ☐ Yes ☐ No ☐ N/A

**Please note:** If Colts Neck/NWS Earle is the district of domicile (lives) for school purposes, the district is not legally obligated and will not provide transportation to any student residing outside the district, even on a part-time basis. The district will only provide transportation during those times during which the student is residing at an address in Colts Neck/NWS Earle.



**PLEASE BE SURE TO CHECK OFF AN ANSWER : "YES", "NO" or "N/A" – DO NOT  
LEAVE BLANK"**

**GUARDIAN INFORMATION** *(complete only if child does not reside with a parent, if not check)*

Student Name: \_\_\_\_\_  
Guardian's Name: \_\_\_\_\_  
Guardian's Relationship to Student: \_\_\_\_\_  
Guardian's Address: \_\_\_\_\_  
Guardian's Day Phone: (during school hours) \_\_\_\_\_  
Guardian's Home Phone: \_\_\_\_\_  
Guardian's Cell Phone: \_\_\_\_\_  
Guardian's Email address: \_\_\_\_\_  
Guardian's Employer: \_\_\_\_\_  
Guardian's Work Phone: \_\_\_\_\_

Please complete the following if the child has been placed with the above-named  
Guardian by a State agency and/or the Courts. If you choose "Yes", a copy of the  
State agency and/or Court document must be provided. If no, Choose N/A.

Agency Name: \_\_\_\_\_ ☐ N/A

**1. Have parental rights been terminated in favor of the Guardian?**

☐ Yes ☐ No ☐ N/A

If "Yes," on what date? \_\_\_\_\_

**Please list the following:**

**BROTHERS AND SISTERS ENROLLED IN OUR DISTRICT:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

**BROTHERS AND SISTERS NOT ENROLLED IN OUR DISTRICT:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ District \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ District \_\_\_\_\_

**OTHERS NOT ALREADY LISTED ABOVE LIVING IN HOUSEHOLD (both relatives and non-relatives)** \_\_\_\_\_

**1. Is there any individual NOT permitted to have contact with your child? (Legal documentation required.)**

☐ Yes ☐ No ☐ N/A

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

Why? \_\_\_\_\_

**2. Is there a Restraining Order in place against any individual?** ☐ Yes ☐ No ☐ N/A

Are there other Court documents relating to who can and cannot have contact with the student? ☐ Yes ☐ No ☐ N/A

*(If yes, please attach copies of applicable Court documents.)*



(Attach a separate sheet if needed for additional schools/districts.)

**EDUCATIONAL INFORMATION: (Please complete)**

Was your child enrolled in Pre-School before entering Kindergarten?

☐ Yes ☐ No

Was the program (if any)? Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

Name of Pre-School \_\_\_\_\_

Was your child retained or did he/she repeat a grade?

☐ Yes ☐ No

If Yes, What grade? \_\_\_\_\_

Has your child been evaluated by a Child Study Team?

☐ Yes ☐ No

If Yes, Date: \_\_\_\_\_

Does your child have any learning difficulties?

☐ Yes ☐ No

Was your child enrolled in a special education class or resource room?

☐ Yes ☐ No

If Yes, Date: \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

Please provide any additional information about your child and his/her education, social or emotion needs, or special considerations due to religious beliefs, not already requested.

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**EDUCATIONAL PROGRAM INFORMATION** (Please check (✓) any/all that apply.)

<u>PROGRAM</u>	<u>GRADE LEVEL</u>	<u>DATE STARTED</u>	<u>DATE ENDED</u>
____ Basic Skills Improvement Program or Small Group Instruction	_____	_____	_____
____ English As a Second Language/Bilingual	_____	_____	_____
____ Gifted and Talented	_____	_____	_____
____ Special Education Services: (Check the ones that apply)			
____ Early Intervention	_____	_____	_____
____ In-Class Resource	_____	_____	_____
____ Resource Center Replacement	_____	_____	_____
____ Self-Contained Class	_____	_____	_____
____ 504 Plan	_____	_____	_____
____ Speech Therapy	_____	_____	_____
____ Other _____	_____	_____	_____

\_\_\_\_ Attached is a copy of my child's IEP  
(must be attached)

Is your child currently in an "out-of-district" Placement? ☐ Yes ☐ No

Name of School: \_\_\_\_\_

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Colts Neck Township Board of Education

## **SWORN STATEMENT OF TENANCY**

***(Complete ONLY if you are Leasing or Renting)***

***(To be Completed by your Landlord)***

Name of Student: \_\_\_\_\_  
(Last) (First)

School \_\_\_\_\_

I, \_\_\_\_\_, of full age, make this sworn statement:  
**(Circle one: Landlord or Apartment Manager)**

I certify that \_\_\_\_\_  
(Name of Parent/Guardian)

And their child/children (please list each child separately):

\_\_\_\_\_  
(child's last name) (child's first name)

\_\_\_\_\_  
(child's last name) (child's first name)

Reside at \_\_\_\_\_  
(Building Number/Street dress)

\_\_\_\_\_  
Apt. Number City

Date Lease Begin: \_\_\_\_\_ Date Lease Ends: \_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord Date

Apartment Official Seal Notary Public Seal

Notary Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**CERTIFICATE OF DOMICILE -NON-GUARDIAN**

**(Complete Only if you are living with another family in  
the district)**

STATE OF NEW JERSEY:

SS

COUNTY OF MONMOUTH:

To the Colts Neck Township Board of Education

\_\_\_\_\_ of full age, being duly sworn by oath depose and say: (Name of Colts  
Neck Resident)

1. I do hereby swear or affirm that \_\_\_\_\_ and \_\_\_\_\_  
(Name of Parent/Guardian of Child) (Name of Child)

are now domiciled within the Township of Colts Neck at the following address:

\_\_\_\_\_  
\_\_\_\_\_

It is anticipated that said child will be residing at this address until \_\_\_\_\_ (mm/dd/yyyy).

2. I am submitting this affidavit in order that the Colts Neck Township Board of Education may permit

\_\_\_\_\_ to attend school free of charge and as required by N.J.S.A 18A:38-1.  
(Name of Child)

3. If it is determined that this child is not domiciled within the district as required by law, I will pay tuition of the said child during the time that the child attends school in the Colts Neck Township school system.

I certify that the foregoing statements made by me are true. I have read and understand this affidavit. Any false statements, answers or declarations contained in this affidavit may subject us too criminal prosecution for the crime of false swearing in violation of N.J.S.A. 2C:28-2, and upon conviction thereof, I may be punished by a fine of up to \$7,500, or be imprisoned for up to 18 months, or both.

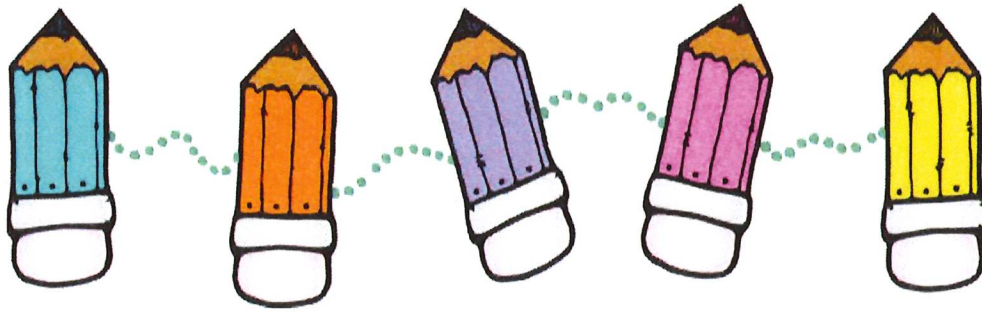
\_\_\_\_\_  
Signature of Resident

Sworn and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_ 20\_\_\_\_\_.

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_



## Conover Road Primary School Kindergarten Registration Student Inventory

Child's Name:

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Preferred Name to be used in school: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male ☐ Female ☐

Siblings (Names and Ages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother/Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother/Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Has student attended Colts Neck Schools previously?

☐ Yes ☐ No

Has student been enrolled in Special Education Classes/Program?

☐ Yes ☐ No

Has student been enrolled in Gifted and Talented/Enrichment Programs?

☐ Yes ☐ No

Has student been enrolled in Basic Skills Classes?

☐ Yes ☐ No

Is there any physical condition that restricts student's activities?

☐ Yes ☐ No

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

Form being completed by:

Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepparent \_\_\_\_\_ Grandparent \_\_\_\_\_ Other \_\_\_\_\_

Who does the child live with?

\_\_\_\_\_

Is there anything about your child's medical history or other information that would be helpful for the school to know?

\_\_\_\_\_

Does your child have any food or environmental allergies? (Please describe)

\_\_\_\_\_

List all schools your child has attended. Please give a brief summary of his or her experiences.

Name of School	Type of Program (full day, 2 hrs. per day, etc.)	Number of days per week	Summary of Experience

Do you anticipate any adjustment/behavior or other problems in Kindergarten? If so, what?

What hand does your child write, cut, eat with? Right ☐ Left ☐ No Preference ☐

Is your child able to read books to you by:

- |                                       |  |
|---------------------------------------|--|
| a. Pretending to read?                | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Looking at picture clues?          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Reading actual words?              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Reading whole books independently? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Does your child know how to write his or her name? Yes ☐ No ☐

Does your child write any words by attempting to sound them out independently? Yes ☐ No ☐

Describe special activities your child is involved in (i.e., gymnastics, art class, piano, etc.):

What does your child like to do during free time at home? \_\_\_\_\_

Describe your child as you see his or her personality, attitudes, etc.: \_\_\_\_\_

What are your child's responsibilities at home? \_\_\_\_\_

If your child cannot do something, what does he or she do? \_\_\_\_\_

List some of your child's strengths: \_\_\_\_\_

Is there additional information about your child that you wish to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_