

# NORTH ARLINGTON PUBLIC SCHOOLS

## QUESTIONNAIRE

### Kindergarten

**Child's Name** \_\_\_\_\_  
Last First Middle

\_\_\_\_\_

**Address** **Phone**

\_\_\_\_\_

**Date of Birth** **Place of Birth** **e-mail address**

<b>PARENT INFORMATION</b>		
	<b>Mother</b>	<b>Father</b>
<b>Name:</b>		
<b>Address if different from above:</b>		
<b>Place of Birth:</b>		
<b>Business Name &amp; Address:</b>		
<b>Cell # / Business phone:</b>		
<b>Occupation:</b>		

**Other children in family (names & ages):** \_\_\_\_\_

**Previous School Training:** \_\_\_\_\_

	Name of School	Age Attended	Year Attended
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1. What language is spoken in the home? \_\_\_\_\_
2. What hand does he/she use most frequently? \_\_\_\_\_
3. Is she/he timid or shy with other children? \_\_\_\_\_
4. Does he/she try to attract attention? \_\_\_\_\_ How? \_\_\_\_\_
5. Is he/she fearful of trying something new? \_\_\_\_\_
6. Who lives in the house with the child? \_\_\_\_\_
7. Does he/she dress himself/herself? \_\_\_\_\_ To what extent? \_\_\_\_\_
8. At what hour does child go to bed? \_\_\_\_\_
9. Any physical/mental health problems? \_\_\_\_\_
10. Any allergies? \_\_\_\_\_
11. Can child take care of him/herself in the bathroom? \_\_\_\_\_
12. How does your child feel about going to school? \_\_\_\_\_
13. What are your child's strengths? \_\_\_\_\_
14. What kind of reading activities does your child enjoy? \_\_\_\_\_
15. What responsibilities does your child have at home? \_\_\_\_\_
16. Is there anything the teacher should know about the child which will help her to understand your child better?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Person (other than parent) to be called in an emergency:**

Name	Neighbor/Relative (what relationship)
Address	Phone