

## SEVIER COUNTY SCHOOLS KINDERGARTEN INFORMATION SHEET

CHILD INFORMATION		
Child Name (First, Middle, Last):	Birth Date (mm/dd/yyyy):	
Name Child Goes By:	Ethnicity:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City:	Postal Code:
Mailing Address:	City:	Postal Code:
Any known allergies? Please list:	Primary Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
Child lives with:  <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____	Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____  <i>*If applicable, a copy of any active court custody orders should be provided to the school.</i>	

PARENT 1/GUARDIAN	PARENT 2/GUARDIAN
Name:	Name:
Cell Phone:	Cell Phone:
Employer:	Employer:
Work Phone:	Work Phone:
Email:	Email:

SIBLING NAME	SCHOOL	AGE	GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE NUMBER

GROUP EXPERIENCE		
<input type="checkbox"/> Daycare/Headstart	<input type="checkbox"/> Sevier County Pre-K	<input type="checkbox"/> Other

HAS YOUR CHILD EVER BEEN EVALUATED BY ANY OF THE FOLLOWING?			
<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> UT Genetics & Dev. Ctr.	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Other

OTHER INFORMATION
My child is interested in:
Information about my child or family that might be helpful to the teacher (medical, physical, emotional, etc.):