

NEW STUDENT SURVEY SHEET

Please print. Please complete all applicable parts of this form to help us place your child.

Part A: (All New Students)

STUDENT NAME _____

DATE OF BIRTH _____ GRADE _____

Completed by: _____ Relationship to child: _____

Has your child received any special services? Yes No

If yes, please indicate all services: IEP Speech Resource LD
 Social Services ELL ESL

Please state anything else that we should know about your child to help us with placement:

Part B: (Kindergarten & 1st Grade Only)

What time does your child usually get up in the morning? _____

What time does your child usually go to bed? _____

Did your child attend preschool? Yes No

If yes, indicate where: _____

and for how long: _____

To what number can your child count? _____

Can your child sing the alphabet song? Yes No Can your child identify letters? Yes No

Does your child use a computer? Yes No

Does your child know the sounds that letters make? Yes No

Can your child read? Yes No If yes, when did he/she start? _____

Please list any fears your child has that we should be aware of: _____

Describe your child's temperament: _____

Describe how your child reacts to new people/new situations: _____

All kindergarten enrollments will be for a full day unless you email Principal Jaime Koziol directly at jkoziol@d91.net to express your preference for a half day only program.

PART C: (Grades 1-8 Only)

What kind of grades did your child receive at their last school? _____

Part D: (Grades 4-8 Only)

Is your child interested in band? (grade 4 & up) Yes No

Is your child interested in chorus? (grade 5 & up) Yes No