

SD27J North Elementary Full-Day Kindergarten Application

Student's Name: _____ Sex: M F

Last First Middle

Address: _____ Date of Birth: _____ Age: _____

City: _____ Zip Code: _____ Phone Number: _____

Father: _____ Age: _____ Mother: _____ Age: _____

Highest Grade Completed by Parent: Highest Grade Completed: **Father** _____ Where: _____

Mother _____ Where: _____ **GED: Mom / Dad** _____ Yes _____ No _____ Where: _____

Gross Annual Family Income:	Marital Status of Parent(s)/Guardian(s) in the Household:
____ 0-12,000 ____ 12,001-24,000 ____ 24,001-36,000	____ Married ____ Separated/Divorced ____ Remarried
____ 36,001-48,000 ____ 48,000-60,000 ____ above 60,000	____ Single, Never Married ____ Widow/Widower

With whom is the student currently living with? Both Mother and Father _____ Mother or Father _____
Foster Parents or Guardian _____ Other _____

Legal Guardian: _____ Phone: _____

Other significant parent/guardian information: _____

Number of people living in the home: _____

Ethnicity:	First language spoken in the home:
____ Caucasian ____ Hispanic ____	English ____ Spanish ____ Native American ____
African/American ____ Asian/Pacific ____ Other ____	Asian ____ Other ____
	If bilingual, which languages? _____

Are you currently on Food Assistance Program? Yes _____ No _____ Child Welfare? Yes _____ No _____

Has your child attended preschool/childcare before?

If yes, name of preschool(s)/childcare: _____ Dates of attendance, from: _____

How was this experience for your child? _____

*Are there older siblings who have attended Extended Day Kinder in the past? Yes _____ No _____
Where _____

Do you have any concerns about your child's learning?

If yes, please explain: _____

Please describe your child's personality: _____

Health

Pregnancy, Birth and Development:

Were there any difficulties during pregnancy, labor or delivery? Yes _____ No _____
Was your child born premature? Yes _____ No _____ How many weeks? _____

Does your child have any of the following?

_____ speech/language concerns _____ Emotional/behavioral concerns _____ Allergies/Asthma _____ seizure disorder
_____ medical diagnosis
_____ Problems with social skills

Please list any/all health concerns: _____

Has your child had any serious illness, operation, injury, accident, fracture or hospitalization? Yes _____ No _____

If yes, please describe and date _____

Is your child on any medication? Yes _____ No _____ If yes, comment _____
Has your child had any problem with vision? Yes _____ No _____ If yes, comment _____
Has your child had any problem with hearing? Yes _____ No _____ If yes, comment _____

Concerns about Child's Development or Health:

Special evaluations, tests, exams, screenings or therapy (dates and locations) _____

Family and Social History:

Significant episodes: Have there been any big changes in your child's life or the family life?

_____ marriage, _____ death, _____ separation, _____ divorce, _____ loss of job, _____ alcoholism, _____ jail,
_____ violence/abuse history, _____ rape, _____ sexual abuse, _____ physical abuse, _____ drug use,
_____ homelessness.

Has anyone in the family been in special services, had a disability or handicap (physical or mental problems, learning problems, speech difficulties, ADD, hearing loss, heart murmur, psychological, therapy problems, etc.)? Yes _____ No _____

If yes, state the relationship to the child and the disability: _____

Has the child ever been separated for periods of time (long or short) from the mother? Yes/No
from the father? Yes/No

Please describe: _____

Has your child moved frequently? Yes _____ No _____ If yes, the number of times in the last four years _____

Other information you'd like us to know about your child or specific questions or concerns you have about your child:

Completed by: _____ Date _____

Relationship to the child _____