



## Kindergarten Student Information

The following information about your child will help to ensure a successful transition to formal schooling. This information is confidential. Please complete the form and email to [seymourheights@sd44.ca](mailto:seymourheights@sd44.ca) by May 14th.

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

Birthdate (DD/MMM/YYYY):  
e.g., 14-APR-2016 \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**1. Educational Experience:**

- Daycare (name) \_\_\_\_\_
- Pre-school (name) \_\_\_\_\_
- Language School (name) \_\_\_\_\_
- Other \_\_\_\_\_

**2. Will your child be in Before or After School Care?**

- Yes  No

If Yes, please provide details:

- Daycare (name) \_\_\_\_\_

**3. Outside Support Services:**

- Speech and Language (length of service) \_\_\_\_\_
- Supported Childcare (length of service) \_\_\_\_\_
- Ministry of Children and Families (contact person) \_\_\_\_\_
- North Shore Health (type of support) \_\_\_\_\_
- Other \_\_\_\_\_

**4. Educational/Medical Assessments and/or Reports:**

- Previous School Reports (year) \_\_\_\_\_
- Speech and Language (year) \_\_\_\_\_
- Psych-educational Assessment (year) \_\_\_\_\_
- Occupational Therapy Assessment (year) \_\_\_\_\_
- Physical Therapy Assessment (year) \_\_\_\_\_
- Behavioural Assessment (year) \_\_\_\_\_
- Allergies / Health Concerns \_\_\_\_\_
- Other \_\_\_\_\_



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5. If a K/1 combined class were available at our school, would your child be a good candidate?

Yes       No

Please provide more detail: \_\_\_\_\_

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6. Names and grade levels of your child's close friends:

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7. Additional information that might be useful to the school:

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8. Would you like a phone meeting with the Principal/Vice Principal to share important information?

Yes       No