

Rio Seco School
Kindergarten Confidential Questionnaire

Please Print Clearly

Student's Name	M/F	Birthdate	Age
Language Spoken at Home			
Additional Email Addresses to add to classroom communication			

Please list the names and grade/age of siblings

How will your child be dropped off at school?

How will your child be picked up from school?

Does your child have any health problems: on medication, allergies (including food allergies), speech, hearing, or vision difficulties? Please explain:

Is there anything you feel the teacher should be aware of regarding your child? (family situations, behaviors, etc?)

Do you have any religious restrictions we should be aware of?

What are some of your child's strengths?

What does your child like to do on the weekends?

What motivates your child to learn?
