



WALLINGFORD-SWARTHMORE SCHOOL DISTRICT REGISTRATION

200 S PROVIDENCE RD, WALLINGFORD, PA 19086-6334

610-892-3470 X 1506

STUDENT SURVEY FOR KINDERGARTEN

Please fill in the following information to help us get to know your child.

Student Name _____

Parent Phone Number _____

Address _____

Nickname _____ Date of Birth _____

Which name will your child use in school? _____

Has your child attended pre-school? No Yes

If yes, number of years & name of pre-school _____

Which hand is child's dominant, with which hand does child write? Left Right

READINESS CHECKLIST

- Uses Scissors
- Enjoys drawing/painting
- Shy
- Uses proper pencil grip
- Uses computer at home
- Outgoing
- Cries easily
- Has difficulty leaving parent

Allergies _____

Fears _____

Child's feelings about starting kindergarten _____

Parent's concerns (if any) _____

SPECIAL SERVICES

Yes No Does your child currently receive Early Intervention Services?

If you answered Yes above, please provide more information – i.e., date of IEP, services related to IEP, etc.

Yes No If you answered Yes above, did you attend an Early Intervention Transition Meeting with the School District?

SESSION REQUESTED

- No Preference
- Morning Session
- Afternoon Session

Signature of Parent/Guardian _____ Date _____

Student First Name _____
Student Last Name _____