



Cool Spring Elementary School



Kindergarten Parent Information Survey

Student Name				Gender	M	F
Preferred Name (Name teacher will use)		Date of Birth		Subdivision		
Race		Allergy Alert	Yes	No	If yes, describe	
Preschool?	Yes	No	If yes, please name		How long?	
What are your child's interests?						
What are your child's greatest strengths?						
What do you feel will be your child's greatest challenge in kindergarten?						
Is there anything else you would like for us to know about your child?						
Are there any children that your child should be separated from in kindergarten (relatives, social interactions, etc.)?						