

# Pre-Kindergarten Student Information

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

## HEALTH:

Food Allergies? Yes  No  If Yes, please specify: \_\_\_\_\_

Bedtime: \_\_\_\_\_ Arises at: \_\_\_\_\_ Does he/she nap? Yes  No

At what age was bowel control established? \_\_\_\_\_ Word used now: \_\_\_\_\_

Does the child have difficulties with bladder control? Yes  No   
Has the child ever had difficulties with hearing? Yes  No   
Has the child ever had difficulty with vision? Yes  No   
Does he/she show right or left hand preferences? Left  Right

## PLAY AND SOCIAL INTERACTION:

Does your child have a special place to play? Yes  No  (*Briefly describe*)

Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_

Is he/she usually careful or destructive with his/her toys? Careful  Destructive   
Does he/she have an opportunity to play with live animals? Yes  No

What kind of animals? \_\_\_\_\_

Playmates: Ages \_\_\_\_\_ Sex \_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

Is your child's play at home usually (*please circle*): Active Boisterous Quiet Energetic  
Self-initiated Dependent on Adult Sedentary  
Amount of time child spends with father each day? \_\_\_\_\_

Amount of time child spends with mother each day? \_\_\_\_\_

## EMOTION AND BEHAVIOR:

Are there any speech difficulties? \_\_\_\_\_

Does he/she have nervous habits? \_\_\_\_\_

Of what things has he/she shown definite fear? \_\_\_\_\_

Does he/she become angry easily? Yes  No  Temper tantrums? Yes  No   
Does he/she show jealousy over siblings? Yes  No

Do we have your permission to take your child on supervised walks or excursions off the school premises?  
Yes  No

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Any further comments, please attach additional page.*

# St. Mark's Lutheran School Biographical Record

St. Mark's must keep a record of significant information about your child. Please assist by filling in the questionnaire and returning it to the school office as soon as possible.

Date \_\_\_\_\_

## Student Information

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Ethnic Group \_\_\_\_\_ Adopted: Yes  No

Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_ Denomination \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Custodial Rights \_\_\_\_\_

School(s) previously attended: (Include Pre-school)

Grade \_\_\_\_\_ School/Location \_\_\_\_\_

Grade \_\_\_\_\_ School/Location \_\_\_\_\_

Present School District \_\_\_\_\_ District No. \_\_\_\_\_ Bus Student Yes  No

## Emergency Information

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

No. 1 Emergency Person \_\_\_\_\_ Phone \_\_\_\_\_

No. 2 Emergency Person \_\_\_\_\_ Phone \_\_\_\_\_

## Parent Information

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Employed by \_\_\_\_\_ Phone \_\_\_\_\_ Church Membership \_\_\_\_\_

Marital Status \_\_\_\_\_

Mother's Name \_\_\_\_\_ Nee \_\_\_\_\_ Address \_\_\_\_\_

Employed by \_\_\_\_\_ Phone \_\_\_\_\_ Church Membership \_\_\_\_\_

Marital Status \_\_\_\_\_

## Brothers and Sisters

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_