

# STUDENT INFORMATION SHEET

Please complete this form and turn it in with your other required paperwork as soon as possible.

Student's name (and nickname if needed): \_\_\_\_\_

Student's birthday: \_\_\_\_\_ Please list any allergies/health concerns for your child: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Parents' Email(s): \_\_\_\_\_

Best number to reach you at: \_\_\_\_\_ Best way to reach you: Call Text Email

How will your child go home after school? (Circle one.) Ride the bus Ride in a car Walk home

Please list any other siblings and their grades: \_\_\_\_\_

What does your child like to do at home? \_\_\_\_\_

What is your child most interested in? \_\_\_\_\_

How does your child learn best? \_\_\_\_\_

What are your main areas of concern for your child? \_\_\_\_\_

What are your goals for your child this year? \_\_\_\_\_

Is there anything else you would like me to know about your child? \_\_\_\_\_

Welcome to Kindergarten!

# Kindergarten Supply List

## Non-Labeled Items

1 pack of Plain #2 Pencils  
2 boxes Crayola Crayons, 8 count  
1 box Crayola Washable Markers, 10 count  
1 box Crayola Colored Pencils, 12 count  
2 Dry Erase Markers  
Old sock or rag (for erasing on white boards)  
4 Glue Sticks  
1 White Glue Bottle, 4 oz  
2 boxes of Facial Tissues  
Gym Shoes  
Backpack

## Labeled Items

3 Spiral Notebooks  
2 Folders with Pockets on Bottom  
Bath Towel  
Over-the-Ear Headphones (No earbuds, please.)  
Paint Shirt

Most of our classroom supplies will be in community containers, which is why I'm asking them to not be labeled. The bath towel will give your child something to lay on for Quiet Time. Please be sure this is a bath towel size, not a beach towel. Over-the-ear headphones help ensure that students are able to fully hear the devices when used, especially for testing purposes.

Thank you so much! Please ask if you have any questions!  
Mrs. Gerdes