Imagine School at Town Center
Kindergarten Parent Info Form

Student Name:

_____
Last First

Birthdate: _____ **Gender:** F_____ M_____
Month/Day/Year

Siblings currently attending Imagine: _____

Previously attended VPK/Preschool: _____ _____ **Where:** _____
Yes No

My child knows the following: (Please check all that apply)

Letter sounds: _____ Letter names: _____

Number recognition 1-10: _____ Count to 20: _____

Name (recognizes and able to write it): _____ Recognizes Rhyming Words: _____

Health: (Please explain)

Medication:_____

Health Problems: _____

Allergies: _____

Special Plans/Programs: (Please check all that apply)

ESE

Specific Learning Disability:_____ Emotionally Handicapped: _____

Speech: _____ Developmentally Delayed: _____

Language: _____ Occupational Therapy _____

Physical Therapy_____

Programs

504 Plan: _____

Other: _____