



KINDERGARTEN STUDENT INFORMATION FORM

Dear Colleague:

The information requested below must be completed by a school official. This information is for the principal of Mary Immaculate School only, and it does not go into the student's permanent record file. Please return this to us by mail, by fax (972-241-7678), email to pstenson@mischool.org, or in a *sealed envelope* through the parent.

Thank you,

Linda Coffin
Principal

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Student's Name: _____ School Year: _____

Student's primary language: _____

Preschool Name: _____ Preschool Phone: _____

Preschool Address: _____

Please complete using 'G' (Good), 'S' (Satisfactory), 'N' (Needs Improvement), or 'U' (Unsatisfactory)

Recognizes letters _____

Speaks clearly _____

Recognizes numbers _____

Prints letters correctly _____

Knows how to write his/her first name _____

Holds and uses pencils correctly _____

Forms numerals correctly _____

Counts (1-20) _____

Please complete using: 'G' (Good), 'S' (Satisfactory), 'N' (Needs Improvement), or 'U' (Unsatisfactory)

Conduct _____

Respect for others _____

Cooperation _____

Courtesy _____

(over)

