

Westergard Elementary School

Kindergarten Registration Questionnaire

Please be as accurate as possible. This will help us to ensure the best placement for your son/ daughter.

Students Name: _____ Birthdate: _____

Prior Educational Experience (please circle): Pre-school Full Day Half Day None

Name of school(s)/ daycare: _____

Length of enrollment (please circle): 0-6 months 6months-1 yr. 1 to 2 yrs. More than 2 yrs.

Additional support you child might need in order to ensure his/her success in kindergarten (please mark):

_____ behavior support

_____ pre- reading skills support

_____ social skills

_____ pre mathematic skills support

_____ speech therapy

_____ legal paperwork

_____ separation/ anxiety support

_____ toileting support

_____ family stress (recent move, divorce, illness, death, etc.) support

_____ health condition (ear infections, glasses, allergies, etc.) support

If anything is marked above, please explain/ elaborate: _____

Please tell the teacher about your child, i.e. his/her favorite activities, interests, and feelings about starting school. _____

How will your son/daughter get home (please circle):

sibling pick-up bus after-school program carpool parent pick-up

Please email this form to melisa.chavez@washoeschools.net upon completion. Thank you! 😊