

PARMA CITY SCHOOL DISTRICT
KINDERGARTEN INFORMATION SHEET

Student _____ Date of Birth _____
(Last Name) (First Name) (MI)

SCHOOL _____ Age _____ Sex _____

Home Address _____ City _____ Zip _____

Father _____ Mother _____

Home Phone _____ Cell Phone _____ #brothers _____ #sisters _____

Sibling Name: _____ Grade: _____ School: _____

Preschool Attended: _____ Number of Years Attended: _____

Primary Language Spoken at Home: _____

Does your child receive any special services, such as Speech, Occupational Therapy, Special Education, Reading/Math help, etc.?

No: _____ Yes: _____ He/She receives the following service(s) _____

Does your child have any special medical considerations?

No:-----Yes: _____ His/Her special medical consideration(s): _____

Will Day Care be needed? No: _____ Yes: _____ (If yes, you must contact PCSD Children's Services/EDC at (440) 885-8301)