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# Patriot Oaks Academy

475 Longleaf Pine Parkway • St. Johns, FL 32259 • (904) 547-4050



## KINDERGARTEN STUDENT INFORMATION 2017-18

Student Name: \_\_\_\_\_ Also goes by: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Child Resides with:

Address: \_\_\_\_\_  Both parents  Mother

Contact Number: \_\_\_\_\_  Father  Other \_\_\_\_\_

Email: \_\_\_\_\_

Siblings (*name, age, school*): \_\_\_\_\_

### PRE-SCHOOL INFORMATION

Check all options that apply to your child. My child participated in:

- Full-time pre-school/daycare  Part-time pre-school/daycare  
 Play group(s)  In-home childcare

If Yes to any of the above, please list name/location: \_\_\_\_\_

### BASIC SKILLS

My child is able to read:  Independently  With guidance  Not yet

Able to write name:  Yes, in order  Yes, in random order  No

Recognizes numbers:  Yes, in order  Yes, randomly  No

Able to count 0-20:  Yes  No

Recognizes letters:  Yes, in order  Yes, randomly  No

Recites the alphabet:  Yes  No

Can sound and blend words (*can, hat, fox*):  Yes  No

Identify letter sounds:  Yes  No

Knows rhyming words:  Yes  No

Identify basic colors:  Yes  No

Follows 2-step instructions:  Yes  No

Identify basic shapes:  Yes  No

Knows his/her right and left:  Yes  No

Will sit and listen to stories:  Yes  No

**ADDITIONAL INFORMATION**

My child is (*check all that apply*):

- Shy       Talkative       Quiet       Self-Confident       Shares well with others
- Active       Outgoing       Verbal       Expressive

How would you describe your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths and interests: \_\_\_\_\_  
\_\_\_\_\_

Does your child currently receive any special services? If yes, what type? \_\_\_\_\_  
\_\_\_\_\_

This year in Kindergarten, I would like for my child to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies?  Yes  No      If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please add additional comments that you would like us to know about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_