

NORTH STONINGTON ELEMENTARY SCHOOL
2024-2025 KINDERGARTEN REGISTRATION DATA

PREVIOUS EDUCATION

Did your child attend preschool? Yes No

If yes, please list the preschool your child attended below

School Name	How many days per week?	How many years?
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Is your child right or left handed? Right Left

Has your child had any previous speech and / or language therapy? Yes No

If yes, who provided this service? _____

How do you feel your child's speech influences his / her interaction with others?

Is your child easily frustrated? Yes No

If yes, please explain:

How does your child feel about starting kindergarten?

Is there any other information you would like us to know?

PLEASE NOTE:

Any kindergartener that has not been previously enrolled in public school in CT needs a health assessment (Physical) including required immunizations, recorded on a form supplied by the State Board of Education before they can enroll. The appropriate form is available in most doctors' offices or from the school. Kindergarten students who have been with us since Pre-K or have been enrolled in another CT public preschool just need to turn in an updated immunization form. Pursuant to cga.ct.gov/Sec.10-206, Health Assessments

Signature _____

Date _____