

OXFORD PUBLIC SCHOOLS
Oxford, Massachusetts

KINDERGARTEN REGISTRATION QUESTIONNAIRE

1. Child's Name _____ Date of Birth _____
Address _____ Boy ___ Girl ___

2. FAMILY DATA

- Your child's place in the family: Only ___ Youngest ___ Oldest ___ 2nd ___ 3rd ___ 4th ___
- Father's Name: _____
- Mother's Name: _____
- Does your child live with both parents? No ___ Yes ___
 - If not, with whom does your child live? _____
- Restrictions? No ___ Yes ___ Comments _____

3. SCHOOL HISTORY

- Has your child attended a Pre-School or Nursery School at any time? No ___ Yes ___
 - Name of school _____
 - Number of days per week _____
 - When _____
- Did your child have any particular problems in Pre-School? No ___ Yes ___
 - Comments _____
- How does your child feel about attending Kindergarten? _____

4. DEVELOPMENTAL MILESTONES

- At what age did your child first:
 - Say single words ___ Walk alone ___ Use sentences ___ Toilet trained ___
- Were you ever concerned about your child's development? No ___ Yes ___
 - Comments _____
- Do you feel your child has a speech problem? No ___ Yes ___
- Can other people understand your child's speech? No ___ Yes ___
- Do you feel that your child will need special help in Kindergarten? No ___ Yes ___
 - Comments _____
- Is there is any problem or situation that you are aware of which might affect your child's school learning?
No ___ Yes ___ Comments _____
- Which hand does your child use for eating and coloring? Right ___ Left ___ Both ___

5. If discipline is needed at home, what type seems to work best? _____

6. Is there anything else you want us to be aware of? No ___ Yes ___
▪ Comments _____

Signature of Parent/Guardian

Interviewer (if applicable)

"The Oxford School District does not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation, disability, or homelessness."