Alki Elementary School Kindergarten Questionnaire

Please return to Alki Elementary. This form helps us to determine classroom placements.

Date _______________  Child’s Name _____________________________________________________

Name to be used at school ______________________________________________________________

Preferred gender/pronoun ______________________________________________________________

Birthday ___________________  Phone (work or cell) _________________________________________

Address _____________________________________________________________________________

Parent/guardian name(s) _______________________________________________________________

Siblings at Alki Elementary ______________________________________________________________

If you are a current Alki family, what teacher has/have your children had in the past?
___________________________________________________________________________________

Are you a first time Kindergarten Parent?  Yes ☐  No ☐

Will your child ride the bus to school?  Yes ☐  No ☐

Social Experiences

Has your child attended preschool?  Yes ☐  No ☐  How long? _______years

Name of preschool(s) __________________________________________________________________

My child can (check all that apply)

☐ Tie Shoes  ☐ Identify 15 or more letters

☐ Manage lunch, include opening packages  ☐ Manage toileting (zippers, snaps, buttons, etc.)

☐ Write his/her own name  ☐ Manage coat/backpack

☐ Identify #’s to 10  ☐ Read simple books
My child learns best in an environment where...

What are your child’s academic, social, and emotional strengths?

What are your child’s academic, social, and emotional needs or concerns?

What else would you like us to know about your child?

We encourage you to watch the Alki Elementary website for info & events. Have questions? Contact the Alki School Office at 206-252-9050. Note that the main office will be closed for questions for the month of July.

We welcome you to Alki!