



SOUTH SUMMIT ELEMENTARY

KINDERGARTEN *Questionnaire*

2024-2025 REQUIRED DOCUMENT TO COMPLETE REGISTRATION

Student's First name _____ Last name _____

First name to be used/written on all nametags and called in class _____

Parent/Guardian contact's name(s)

First _____ Last _____

Student's age _____ Birthdate _____

Has your child had a current vision screening? ___ No ___ Yes

Does your child have a medical diagnosis? ___ No ___ Yes

Please list any allergies and/or important medical information: _____

Please list any physical or emotional therapies and/or services your child has received: _____

Were therapies and/or services at South Summit Elementary? Yes or No
If yes, with whom? _____

Did your child attend Preschool? Yes or No If yes, was it at SSES? Yes or No

Are you interested in helping in the classroom? Yes No Possibly

What form of transportation from school will your student be using?

Walking Pick-up line/Car Bus

My student will be attending Kindergarten: ___ Full-day ___ Half-day*

*Choosing half-day is a full-year commitment