



## New Student Assessment Information | PreK

Date: \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Is your child presently enrolled in a \_\_\_ Daycare or \_\_\_ PK setting? \_\_\_ No previous school

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Teacher's Name \_\_\_\_\_

I give Sacred Heart School permission to contact my child's current teacher: \_\_\_ Yes \_\_\_ No

Does your child receive any services? Yes \_\_\_ No \_\_\_

Please explain \_\_\_\_\_

What do we need to know about your child?

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Parent Name(s) *Please Print* \_\_\_\_\_