

Kindergarten Student Information Form

Please print and complete a copy for your child's scheduled welcoming conversation on September 3rd, 4th or 5th. If you are unable to print a copy, please email a completed copy to chialing.sung@burnabyschools.ca by Tuesday, Sept. 2nd, 2025.

Student Name _____

Birthday _____

Parent/Guardian Contact Info (please check the best way to contact you during the day)

Name _____

cell _____ work _____ email _____

Name _____

cell _____ work _____ email _____

Name _____

cell _____ work _____ email _____

Please list siblings, if applicable (name/age/teacher).

What language(s) are spoken at home?

Who will pick up your child?

What activities does your child like?

Is your child able to dress themselves (buttons, zippers, shoelaces)?

How is your child's sleep (bedtime, morning wake up, etc)?

Does your child have any fears or worries?

How does your child respond to new experiences or changes in routine?

What strategies or discipline work best at home?

Are there any holidays your child does not celebrate?

Please list any medical concerns or dietary restrictions your child has

Has your child attended a school setting before? Please list the names of all daycare/preschool programs your child has attended and for how long.

What hopes or expectations do you have for your child this year?

Is there anything else you would like us to know about your child or family?