

TRINITY-ST. JOHN LUTHERAN SCHOOL

680 West Walnut St. Nashville, IL 62263

Website: tsjlutheran.org Phone: 618-327-8561 E-mail: principal@tsjlutheran.org

Kindergarten Student Profile

Student's Name: _____

			Comments, if applicable
Has your child repeated a grade?	Yes	No	
Has your child received tutoring?	Yes	No	
Has your child participated in a special learning program, speech therapy, occupational therapy, etc.?	Yes	No	
Has your child experienced discipline problems?	Yes	No	
Has your child ever been suspended or expelled from school or daycare?	Yes	No	
Do you suspect any hearing problems?	Yes	No	
Do you suspect any vision problems?	Yes	No	
Do you suspect any speech problems?	Yes	No	
Is your child left or right handed?	Left	Right	

Additional comments regarding any of the questions above:

What are your child's strengths?

In what areas may your child need some help and encouragement?

Please describe your child's social maturity and personality:

Have there been any situations in the student's life which the school should know about in order to meet his or her learning or developmental needs? (e.g. frequent moves, frequent changing of schools, family situation, etc.)

List your child's hobbies, interests and extra-curricular abilities outside of school (include any awards):

Medical/ Emergency Information

Student's Name: _____

Please list in order of preference the persons and phone numbers we should call if your child is sick or injured. (include yourself)

Name	Primary Phone #	Secondary Phone #	Relationship
1.	circle: home/ work/ cell	circle: home/ work/ cell	
2.	circle: home/ work/ cell	circle: home/ work/ cell	
3.	circle: home/ work/ cell	circle: home/ work/ cell	
4.	circle: home/ work/ cell	circle: home/ work/ cell	
5.	circle: home/ work/ cell	circle: home/ work/ cell	

Child's physician: _____ Phone number: _____

Physician's Office Address: _____

Are there any allergies the school should be aware of?

Please list any physical conditions of which T-SJ should be aware (asthma, diabetes, seizure disorder, previous concussion, etc.):

List any medications your child is currently taking: _____

Name(s) of people that have permission to pick your child up from school:

1. _____ relationship: _____

2. _____ relationship: _____

3. _____ relationship: _____

Will your child need bus transportation: to school? ___ Yes ___ No from school? ___ Yes ___ No

If yes, please give direction to the house from T-SJ or write, "Sibling(s) has/have ridden bus in the past."

