NEW STUDENT SURVEY SHEET

Please print. Please complete this form to help us place your child.

STUDENT NAME _____

DATE OF BIRTH _____ **GRADE** _____

Has your child received any special services? ☐Yes ☐No

If yes, please indicate all services: ☐IEP ☐Speech ☐Resource ☐LD ☐Social Services ☐ELL ☐ESL

What kind of grades did your child receive at their last school?

Is your child interested in band (grades 4-8) or chorus (grades 5-8)? ☐Band ☐Chorus

Please state anything else that we should know about your child to help us with placement:

If your child is entering Kindergarten, please also complete the following:

I would like my child to attend: ☐AM ☐PM ☐No preference

If you have indicated AM or PM, please explain why: _____

_____

What time does your child usually get up in the morning? _____

What time does your child usually go to bed? _____

Did your child attend preschool? ☐Yes ☐No

If yes, indicate where: _____

and for how long: _____

To what number can your child count? _____

Can your child sing the alphabet song? ☐Yes ☐No

Can your child identify letters? ☐Yes ☐No

Does your child know the sounds that letters make? ☐Yes ☐No

Can your child read? ☐Yes ☐No If yes, when did he/she start? _____

Does your child use a computer? ☐Yes ☐No

Please list any fears your child has that we need to be aware of: _____

_____

Describe your child's temperament: _____

_____

Describe how your child reacts to new people/new situations: _____

_____

Completed by: _____ Relationship to child: _____

Signature: _____ Date: _____

The number of kindergarten classes we have is determined by the number of students registered. Students will attend morning kindergarten from 8:30-11:20AM or afternoon kindergarten from 12:20-3:10PM. When placing children, we try to accommodate parental preference as much as possible, keeping in mind that our ultimate goal is the best educational placement for each child.

LOCKPORT SCHOOL DISTRICT 91
"Education is our connection to the future"

808 Adams Street
Lockport, Il 60441

OFFICIAL REQUEST FOR RECORDS

Date of Request: _____ Grade: _____

Name of Previous School: _____

Address: _____

City/State/Zip: _____

How long did student attend this previous school? _____
(If less than one school year, please complete an additional form for other school)

Student Name: _____ **DOB:** _____

Has the student ever attended an Illinois school? __Yes __No

Please send the cumulative record for this student so proper placement can be made and recordkeeping maintained. Please include the following records

1. All Medical and Immunization Records
2. Custody/Legal Guardianship Papers (if applicable)
3. Present Grades
4. Attendance Record
5. Student's Cumulative file and Standardized Test Scores
6. ISBE Student Transfer Form(if transferring from an Illinois Public School)
7. Any Special Education Records, including most recent IEP, Psychological Evaluations, Social History, Educational Evaluations.

Thank you in advance for your prompt attention to this request.

Please mail all the above information to:
Student Data Specialist/Attendance Secretary
Student Records Department- Lynn Krumlinde
Lockport School District 91
808 Adams Street
Lockport, IL. 60441

Tel: (815) 838-0737 x104 Fax: (815) 834-4339 Email: lkrumlinde@d91.net

_____ _____
Parent/Guardian Signature Date