



Boone Elementary School
Getting Acquainted with Your Child

Office Use ONLY:
Student #: _____
Teacher: _____

Tell us about your PK 3 Boone Bear!

Child's Legal Name: _____
Nickname (if applicable): _____
Birthday: _____
Male or Female (circle one)

Parent/Legal Guardian Name: _____
Relationship to Child: _____
Home/Cell Number: _____
Work Number: _____
Email: _____
Address: _____

Siblings enrolled in AISD

Sibling: _____ M or F Grade: _____
Sibling: _____ M or F Grade: _____
Sibling: _____ M or F Grade: _____
Sibling: _____ M or F Grade: _____

Parent/Legal Guardian Name: _____
Relationship to Child: _____
Home/Cell Number: _____
Work Number: _____
Email: _____
Address: _____

Has your child ever attended a private preschool? YES or NO
If yes, are they currently enrolled? YES or NO
If no, please give details: _____

Please list any allergies your child has (i.e. food, insects, medicine, etc.):

What language do you speak to your child? _____

PK 3 students attend school for a half day. Parents will be responsible for drop off & pick up from school. (AM session 7:45 am - 10:50 am OR PM session 11:50 am - 2:45 pm)

Do you have transportation to drop off/pick up for the AM session? YES or NO
Do you have transportation to drop off/pick up for the PM session? YES or NO

We are not able to guarantee a specific

Who will pick up your child from school?

AISD provides PK 3 with free meals! (Breakfast & Lunch for AM session and Lunch for PM session)
If your child has a FOOD allergy please send them with their own lunch

Will your child be eating school meals? YES or NO
Does your child drink milk? YES or NO

Please flip over and complete the back → → → → → → → →

To help us identify educational needs for your child and better plan throughout the year, please answer the following questions: Circle yes or no.

Has your child's physician identified him/her with any learning problems or concerns? YES or NO
If yes, please give more details: _____

Has your child ever received Speech Therapy or ever been referred for speech? YES or NO
If yes, please give more details: _____

Has your child ever had a problem with his/her hearing? YES or NO
If yes, please give me details: _____

Does your child wear glasses or have any vision concerns? YES or NO
If yes, please give me details: _____

Has your child ever been referred to Child Find, Any Baby Can or Child Inc.? YES or NO
If yes, please give more details: _____

Has your child ever been tested or recommended for PPCD placement? YES or NO
If yes, please give more details: _____

Does your child have any physical disability? YES or NO
If yes, please give more details: _____

Our program highly recommends that a student be toilet trained before attending the program.

Can your child toilet independently? YES or NO
If no, do you have a plan to help your child be ready by the start of school? YES or NO

Does your child wear pull ups? YES or NO

Any additional information that would be helpful to your child's teacher: _____

Parent Signature: _____ Date: _____