

**Easton Public Schools
Easton, Massachusetts
Kindergarten Parent Questionnaire
(Supplement to DIAL 3 Parent Questionnaire)**

Child's Full Name _____
Home Address: Street _____ Apt. # _____
Town _____ State _____ Zip _____
Home Telephone: _____ Cell: _____

Mother's Information: Full Name _____
Address if different than child's _____

Date of Birth: _____ Education: (Highest Grade/Degree Completed) _____
Occupation: _____ Work Telephone: _____ ext. _____

Father's Information: Full Name _____
Address if different than child's _____

Date of Birth: _____ Education: (Highest Grade/Degree Completed) _____
Occupation: _____ Work Telephone: _____ ext. _____

Other Family Information:
Health Insurance and Policy Number: _____
Names and ages of other children in the family: _____

Other people living in the household: _____
What language is spoken at home? _____

Medical History:
Any problems during pregnancy? _____ If yes, what? _____
Child's birth weight? _____ Was your child more than 3 weeks premature? _____
Any health concerns at birth? _____

Has your child been hospitalized since birth? Please explain. _____

Does your child have allergies? _____
What medications does your child take? _____
Please describe any other health concerns. _____

Is your child: Highly active? _____ Very quiet? _____ Toilet trained without
assistance? _____

Would you like to speak with the School Nurse about any concerns that you have about
your child? _____ (EPS 2/08)