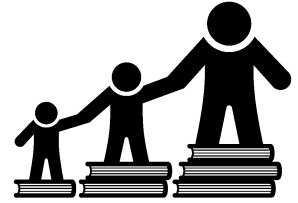


# Bell-Graham Elementary School

## Community Unit School District 303



4N505 Fox Mill Blvd.  
Saint Charles, IL 60175-7934

Phone (331) 228-2100 • FAX 228-2101  
[www.d303.org](http://www.d303.org)

Mrs. Patti Palagi  
Principal

### Kindergarten Parent Questionnaire

Child's Full Legal Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Boy or Girl (circle one)

What name should we call your child? \_\_\_\_\_

Preschool attended? \_\_\_\_\_ How long? \_\_\_\_\_

What activities is your child involved in?

Who are your child's neighbors or playmates? Please include first and last names.

Does your child separate easily from you? If no, explain.

Please explain any significant health issues, allergies, fears or other extenuating circumstances?

How does your child handle difficult challenges?

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

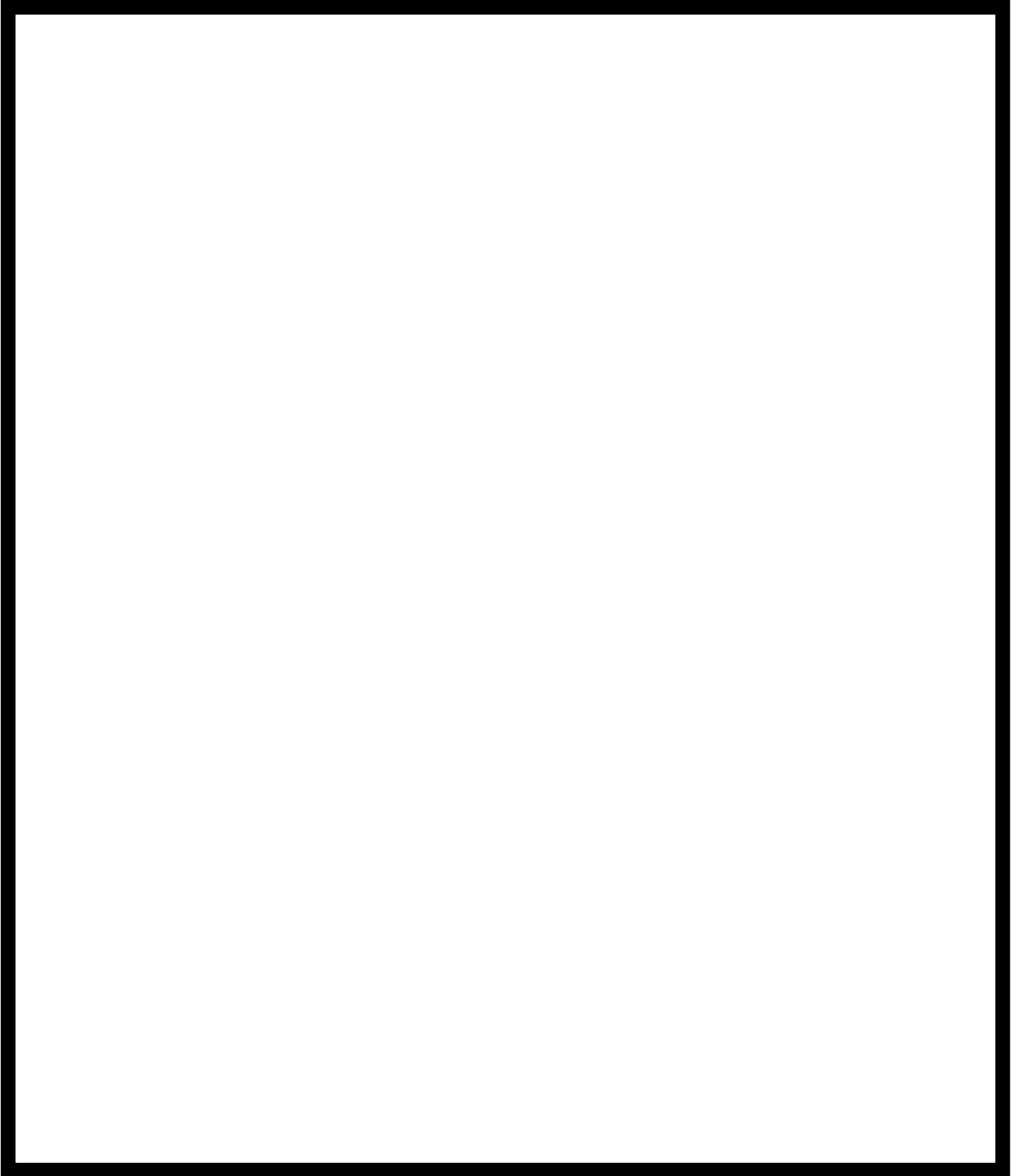
Contact Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

**Please have your child write his/her first and last name and draw a picture of themselves on the reverse side of this form. This should be done as independent as possible. This form should be returned to the office within one week of receiving it.**

## Self Portrait and Name

Parents,

Please have your child write his or her name in the box and do a self portrait. Remember, this should be done as independently as possible.

A large, empty rectangular box with a thick black border, intended for a child to draw a self-portrait and write their name.