

**Dear Kindergarten Parent**

**At Apopka Christian Academy every effort is made to admit students who can be successful in our program. As a parent you have spent more time with your child than any other person. Your input on this form will be very helpful as we make every effort to make the best decision for the admission and placement of your child. We are grateful for your time and comments.**

Child’s Name

Birth Date

Parent’s Name

Daytime Phone

**Please rate the following statements as they apply to your child by circling the appropriate number**

**4=most of the time, 1=rarely mostly rarely**

1. Stays on task of his/her own choosing...................................................... 4 3 2 1

2. Makes and keeps friends easily.......................................................................... 4 3 2 1

3. Talks with other children...................................................................................... 4 3 2 1

4. Displays good manners............................................................................................ 4 3 2 1

5. Finds constructive things to do on his/her own............................... 4 3 2 1

6. Stays on a task without urging for 10-15 minutes............................. 4 3 2 1

7. Responds well to correction................................................................................ 4 3 2 1

8. Adjusts to new situations/experiences without undue fear...... 4 3 2 1

9. Uses “baby talk”.............................................................................................................. 4 3 2 1

10. Expresses himself/herself in complete sentences................................ 4 3 2 1

11. Sucks his/her thumb................................................................................................. 4 3 2 1

12. Listens without interrupting............................................................................... 4 3 2 1

13. Has trouble controlling his/her temper.................................................... 4 3 2 1

14. Uses crayons beyond scribbling........................................................................ 4 3 2 1

15. Chooses to look at books...................................................................................... 4 3 2 1

16. Remembers a song or TV commercial......................................................... 4 3 2 1

17. Relates events of the day........................................................................................ 4 3 2 1

18. Expresses interest in coming to school....................................................... 4 3 2 1

19. Cries easily or uncontrollably............................................................................. 4 3 2 1

20. Listens to a complete story................................................................................... 4 3 2 1

21. Prefers playing with older children................................................................ 4 3 2 1

22. Prefers playing with younger children......................................................... 4 3 2 1

23. Prefers playing alone.................................................................................................. 4 3 2 1

24. Has good urinary control....................................................................................... 4 3 2 1

25. Separates from parent well................................................................................... 4 3 2 1

**Circle the activities your child can perform independently**

BUTTON USE SCISSORS USE THE BATHROOM PICK UP TOYS ZIP JACKET

JUMP WITH FEET TOGETHER WASH HANDS AND FACE DRESS THEMSELVES CATCH A LARGE BALL

RIDE BIKE WITH TRAINING WHEELS HOP ON ONE FOOT RIDE BIKE WITHOUT TRAINING WHEELS

**FAMILY STATUS – KINDERGARTEN**

Who does your child live with?

Did either biological parent have trouble learning to read?

Did your child experience any problems at birth?

If yes, please explain

Has your child experienced any of these events in the past year?

Death of a close person New brother or sister Separation or divorce A move

Write four adjectives or characteristics that you believe describe your child

My child is (check no more than 2) fun loving laid-back organized likes to be in charge

My child needs (check 1) a moderate amount (or) lots of structure

Please tell us anything else you wish us to know about your child

**PARENT RECOMMENDATIONS**

**To what degree do you feel your child is ready to successfully start kindergarten?**

MOTHER’S OPINION:

Very Ready Ready Not Ready Not Certain

What evidence did you use to determine your child’s readiness?

FATHER’S OPINION:

Very Ready Ready Not Ready Not Certain

What evidence did you use to determine your child’s readiness?

**Moms Signature**

**Dad Signature**

Has your child attended a pre-school program?

School Name

Teacher Dates Attended

Address/City/State/Zip



**Pre School Teacher Reference Form:**

Permission is given to release the information below

**Child’s Nam**e **Birth date**

**Parent Signature**

**Dear Preschool Teacher:**

**Your careful attention to completing the questions below will aid Apopka Christian Academy in making wise decisions concerning admissions and placement. We are grateful for your time and comments.**

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Recommendations

School Name

School Phone

Address/City/State/Zip

Dates the child attended this school

Teacher Name (please print)

Can this information be discussed with the parents? YES NO

Teacher’s signature Date

If you have any questions, please call 407-949-7997.

Thank you for your time. Please mail, email or fax completed form to:

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