

Abbeville County School District  
400 Greenville Street  
Abbeville, SC 29620  
Telephone (864) 366-5427

DATE: \_\_\_\_\_

Dear Parent/Guardian,  
The State Department of Education requires certain information on students in the four-year-old kindergarten program. Would you please fill in the items below? Your help is greatly appreciated. Please know the information you give will be kept confidential.

Child's Legal Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
With Whom Does your Child Reside: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
911 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: SC Zip: \_\_\_\_\_  
Mailing Address if Different From Above: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: State: \_\_\_\_\_ County: \_\_\_\_\_  
Sex: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Ethnic Code: \_\_\_\_\_ Asian \_\_\_\_\_ African-American \_\_\_\_\_ African American/American Indian  
\_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ Hawaiian-Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ White Asian  
\_\_\_\_\_ White/African American \_\_\_\_\_ White/American Indian \_\_\_\_\_ Other: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Mother Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Father Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Educational Level: (Check the one that applies)

Name of Father: \_\_\_\_\_  
 Completed grade 8  
 Completed grade 9  
 Completed grade 10 or 11  
 Completed high school  
 Completed GED Program  
 Completed some college or post high school  
 Completed College  
 Completed some post college

Name of Mother: \_\_\_\_\_  
 Completed grade 8  
 Completed grade 9  
 Completed grade 10 or 11  
 Completed high school  
 Completed GED Program  
 Completed some college or post high school  
 Completed College  
 Completed some post college

Family income in the past year: (check one)

\$0-\$10,000  
 \$10,001-\$20,000  
 \$20,001-\$30,000  
 \$30,001-\$40,000  
 \$40,001-\$50,000  
 \$60,000 or above

\$0-\$10,000  
 \$10,001-\$20,000  
 \$20,001-\$30,000  
 \$30,001-\$40,000  
 \$40,001-\$50,000  
 \$60,000 or above

\$ \_\_\_\_\_ Gross amount of income per week \_\_\_\_\_ Number of people in family household \_\_\_\_\_

Does your child receive Medicaid?  Yes  No Medicaid Number \_\_\_\_\_

Please answer the questions on the back of this paper!

**Directions to Child's Home From School:** \_\_\_\_\_

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**How much did your child weigh at birth?** \_\_\_\_\_

**How old was your child when he/she walked?** \_\_\_\_\_

**How old was your child when he/she first talked?** \_\_\_\_\_

**Who has taken care of your child prior to attending school?** \_\_\_ Child Care in someone's home  
\_\_\_ Child Care in a Center \_\_\_ Home with a Family Member \_\_\_ Home with a non-family  
member \_\_\_ Head Start

**Does your child have any health problems that would prevent them from regular attendance at school?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**What are they?** \_\_\_\_\_

**Does your child have a health condition that the teacher should know about, such as allergies, asthma etc.?** \_\_\_\_\_

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