

CHILD SUMMARY FORM

Date: _____

Child's Name: _____

Birthdate: _____

Address: _____

Telephone: _____

Form Completed By: _____

Nicknames (?): _____

Chronological Age: _____

(years, months)

Home School District: _____

Projected Grade Level: _____

(Pre-K, Kindergarten, 1st grade)

Mother's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Sibling Names: _____

Father's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Sending Teacher's Name: _____

School Address: _____

Telephone: _____

Receiving Teacher's Name : _____

School Address: _____

Telephone: _____

WIN Grant