

Our Lady of the Visitacion School
785 Sunnydale Ave. San Francisco, CA 94134

Phone (415) 239-7840 🏏 Fax (415) 239-2559

SUPPLEMENTAL QUESTIONNAIRE **KINDERGARTEN**

| Child's Name: | | |
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| Sex: Boy Girl | | |
| Age of child on September 1st: | | |
| Child's Date of Birth: | | |
| Name of Preschool(s): | | |
| Years in preschool/ hours per week: | | |
| Does your child show interest in school? | YES/NO | |
| Is there someone at home who is able to support your child with daily hor | | |
| IEVESh o 9 | YES/NO | |
| If YES, who? Is your child able to stay at a friend's or relative's house without you? | YES/NO | |
| Is your child able to go to the bathroom alone? | YES/NO | |
| Does your child have accidents? (wetting self, bedwetting etc.) | YES/NO | |
| Has your child ever been asked NOT to return to a previous preschool? | YES/NO | |
| Is your child able to separate easily from parents? | YES/NO | |
| What types of activities does your child enjoy? | | |
| Do you have any special concerns about your child? (academically, socially, medically etc.) If yes, please describe. YES/NO | | |

| Why do you want your child to attend a Catholic School? |
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| What is the main reason you want your child to attend OLV? |
| Are you aware of any speech, vision, or hearing impairments? If so, please list. |
| Are there any special circumstances you'd like us to know? (family, home life, educational, etc.) |
| What three words describe your child? |
| How would you describe how your child interacts with other people his/her age? |
| Do you have any concerns regarding your child's ability to be successful at our school? If "yes", please describe. |
| What else would you like your child's teacher to know about him/her? |