

# NEW HANOVER TOWNSHIP SCHOOL DISTRICT

New Hanover Township – Wrightstown Borough  
122 Fort Dix Street, Wrightstown, NJ 08562  
[www.newhanover.k12.nj.us](http://www.newhanover.k12.nj.us)

**DR. SCOTT LARKIN**  
Superintendent/Principal  
(609) 723-2139  
[slarkin@newhanover.k12.nj.us](mailto:slarkin@newhanover.k12.nj.us)

**MR. DAVID BRAMLEY**  
Assistant Principal  
(609) 723-2139  
[dbramley@newhanover.k12.nj.us](mailto:dbramley@newhanover.k12.nj.us)

2023-2024

New Hanover Twp. School District: Kindergarten Parent Questionnaire/Application

The New Hanover School District proudly offers a comprehensive kindergarten program for five-year old children. This questionnaire is a part of the registration and screening process.

Parent/Guardian Name

---

Email

---

Phone #

Home:

Work:

Cell:

---

Mailing Address

---

Residential Address

---

Child's Name

---

Child's Gender

Circle one:

Male

Female

Child's Date of Birth

---

What is/are your child's favorite activities?

---

Does your child usually? (Circle all that apply)

Play alone

Play alongside other children

Play with other children

Require adult support during play

Engage in pretend play

Prefer active play

Prefer quiet play

Describe your child's temperament at home. (Circle all that apply)

Very quiet

Aggressive

Sometimes shy

Curious

Somewhat active

Moody

Highly active

Creative

Friendly

Anxious

Prefer active play

Upset by failure

Cautious

Temper tantrums

Risk-Taker

Flexible

Talkative

Impulsive

Resistant to change in routine and structure

Lacking in self-confidence

List any previous pre-school or daycare settings your child has already had.

---

Please indicate the names of the providers and dates attended.

---

Describe your child's temperament at pre-school/daycare. (Circle all that apply.)

Very quiet	Risk-Taker
Sometimes shy	Talkative
Somewhat active	Aggressive
Highly active	Curious
Friendly	Moody
Prefer active play	Creative
Cautious	Anxious
Upset by failure	Temper tantrums
Resistant to change in routine and structure	Flexible
Impulsive	Lacking in self-confidence

Has your child ever received outside therapies? (Circle all that apply.)

No

Occupational Therapy (OT)

Physical Therapy (PT)

Speech Therapy

Developmental Therapy

Does your child follow simple age-appropriate directions?

No

Yes

Please explain.

Does your child listen and respond to adult authority?

No

Yes

Please explain.

Have you ever had any concerns about your child's behavior?

No

Yes

Please explain.

Describe your concerns below.

Have you ever had any concerns about your child's speech and language development?

No

Yes

Please explain.

Describe your concerns about speech and language development below.

Additional Information

Please share any other characteristics or information about your child you feel is appropriate for us to know.

Please bring this application with you on the day of your appointment. Thank you so much for taking the time to fill the Questionnaire/Application out.