



Name of Student: first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_

Grade of application: \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Cert. Verification \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Parent/Guardian (1) \_\_\_\_\_

Parent/Guardian (2) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Child resides with: Both parents \_\_\_\_\_ Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_ Other: \_\_\_\_\_

If other, please specify: \_\_\_\_\_

Are there any legal guardianship arrangements that the School should understand? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all the persons who live in the home in addition to the parent(s):

Name	Relationship	Sex	Date of Birth and School Grade of Siblings
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Language spoken in the home: \_\_\_\_\_

**Previous Schools or Day Care Programs**

Name(s) and Address(es) of prior Nursery School /Preschool Programs and Daycare Programs, including number of days of the week and hours per session:

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Name(s) and Address(es) of prior Elementary School(s) and grades attended:

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Other programs:

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**Confidential Personal Data**

**• Understanding your child**

1. What are your child's major interests and favorite forms of play?

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2. What kinds of situations contribute to good feelings about himself/herself?

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3. What kinds of situations may make your child anxious or shy? How does he/she react in such situations?

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4. Has your child had any experiences in (pre)school that may affect his/her adjustment to school at this time?

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Difficulty adjusting to (nursery) school? \_\_\_\_\_

Frequent or recent change of address? \_\_\_\_\_

Family stress? \_\_\_\_\_

Serious illness? \_\_\_\_\_

Death of a family member? \_\_\_\_\_

Other (please describe) \_\_\_\_\_

5. Does your child have any specific fears? How does she/he react in such situations?

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6. How does your child act when he/she is ill?

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7. Is your child eager to come to school?

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8. Are there any specific concerns that you would like to discuss with the School? Please describe:

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• **Developmental History**

1. Was your child premature? \_\_\_\_\_ How many weeks? \_\_\_\_\_

2. Birth Trauma? \_\_\_\_\_

3. Is your child: right-handed \_\_\_\_\_ left-handed \_\_\_\_\_

4. How old was your child when she/he began to walk? \_\_\_\_\_

