



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

---

---

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

Name	Relationship	Sex	Date of Birth	School Grade (siblings)
------	--------------	-----	---------------	-------------------------

---

---

---

---

Language(s) spoken in the home: \_\_\_\_\_

#### PREVIOUS SCHOOLS OR DAY CARE PROGRAMS

Name(s) and Address(es) of Prior Elementary School(s) and Grades Attended:

---

---

---

Name(s) and Address(es) of Nursery School or Pre-school program(s), including number of days per week and hours per session:

---

---

---

---

Other programs: \_\_\_\_\_

---

CONFIDENTIAL PERSONAL DATA

I. UNDERSTANDING YOUR CHILD

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

---

---

---

---

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

---

---

---

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

---

---

---

---

4. Has your child had any experience in the preschool years which may affect his/her adjustment to school at this time?

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?

---

---

---

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

---

---

7. Is your child eager to come to school? \_\_\_\_\_

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

---

---

---

---

## II. DEVELOPMENTAL HISTORY

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

2. Birth trauma? \_\_\_\_\_

3. Is your child: Right-handed \_\_\_\_\_ Left-handed \_\_\_\_\_ Both \_\_\_\_\_

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

5. How old was your child when she/he began to speak in short sentences? \_\_\_\_\_

6. Did your child experience any serious illnesses during the first year of life? If so, please describe.

---

---

---

7. Has your child ever been hospitalized? If so, please describe.

---

---

8. Does your child have any physical or developmental problems (such as motor, speech, vision, hearing, allergy) which might affect school performance? If so, please describe.

---

---

---

---

---

10. Please add any other information which you feel would enable us to help your child achieve success in school.

---

---

III. RELIGIOUS AFFILIATION

1. Religious affiliation: \_\_\_\_\_

2. Synagogue affiliation: \_\_\_\_\_

3. Other Jewish organizational affiliation: \_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_

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

Date : \_\_\_\_\_