

CONFIDENTIAL INFORMATION REGARDING YOUR CHILD (GRADE 1 – 7)

Name of child in full _____

From a total of _____ children in the family this child is the _____ (1st, 2nd, 3rd etc.)

Who does the child live with? _____

Address where the child resides: _____

_____ Code: _____

Custody arrangements (in the case of divorce);

Please furnish with details (visitation rights): _____

Underline the illnesses which the child has had: Chicken-pox / Diphtheria / Enteric Fever / Measles / Mumps / Rubella (German Measles) / Scarlet Fever / Whooping Cough / Bilharzia / Cholera (St. Vitas' Dance) / Malaria / Rheumatic Fever

State any other illness(es) from which the child has suffered or still suffers (e.g. asthma, epilepsy)

State (if any) the operations, which the child has undergone, when and for what purpose?

Is this child using any medication? If so, give details: _____

Any allergies? If so, give details: _____

Urination: Any problems? _____ Any dentition problems? _____

Any problem in connection with: Hearing? _____ Sight? _____ Speech? _____

If yes, please specify _____

At what age did this child start talking? _____ At what age did this child start walking? _____

Please mention any problems experienced before or during the birth of your child _____

Has the child ever had a serious accident? If so, give details _____

Information in connection with the child's eating and drinking habits _____

At what time does the child go to bed at night? _____ Fall asleep at? _____

Sleeping habits (e.g. sleeps peacefully, a restless sleeper, has nightmares) _____

Does the child show any signs of nervous tension by day or at night? _____

Is the child left- or right-handed? _____

Is any compulsion exercised at home in this regard? _____

Name the places where this child prefers to play _____

How does the child interact with friends? _____

How does the child interact with the members of the family? _____

Underline personality characteristics (and elaborate):

Obedient, disobedient, stubborn _____

Independent, dependent _____

Shy, withdrawn, outgoing (bold) _____

Friendly, moody, aggressive _____

Tolerant, irritable _____

Unselfish, selfish _____

Loving, seeks attention, aloof, does not seek attention _____

Self-confident, lacking in confidence, over-confident _____

Helpful, uncooperative _____

Reacts well, does not take kindly to orders or correction _____

Other qualities or habits about which the school should know _____

Does your child show any interest in reading? _____

Does your child have stories read to him/her? _____

Does your child show any interest in music? _____

Has your child ever been assessed by an Occupational Therapist, Speech Therapist or Psychologist?

IF SO, PLEASE ATTACH AVAILABLE REPORTS TO THIS APPLICATION.

Is your child presently receiving any of the above support? YES _____ NO _____

What support? _____

With whom? _____

Does your child have any special educational needs? (Please specify) _____

Any other information regarded as important _____

Is there any problem, which you would like to discuss confidentially? _____

PLEASE NOTE:

Any non-disclosure of past / current or knowledge of future need of intervention/s, may render this application null and void.

Information supplied by:

Parent 1: _____ Signed: _____ Date: _____ 2019

Parent 2: _____ Signed: _____ Date: _____ 2019