

**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, 2<sup>nd</sup>, 3<sup>rd</sup> 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? \_\_\_\_\_

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Shy, withdrawn, outgoing (bold) \_\_\_\_\_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: \_\_\_\_\_ 2016

Parent 2: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_ 2016