

**CONFIDENTIAL INFORMATION REGARDING YOUR CHILD
PRE-GRADE R & GRADE R**

Name of child in full _____

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

Home Language: _____ Any other language your child is exposed to: _____

Underline the illnesses which your 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 your child has suffered or still suffers (e.g. asthma, epilepsy)

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

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

Any allergies? If so, give details: _____

Urination: Any problems? _____

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

Social interaction? _____ Behaviour? _____

If so, please specify: _____

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

Name any pre-natal problems experienced or during the child's birth _____

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

Sleeping habits (e.g. sleeps peacefully, a restless sleeper, has nightmares, does not yet sleep through in his own bed.) _____

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

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

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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Shy, withdrawn, outgoing (bold) _____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 _____

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