

General Student Questionnaire

(please complete one form for each child)

Age _____ for enrollment in Grade _____ Term Beginning _____

Student's Name _____

Last

First

Middle

Address _____

Street

City

Postal Code

Phone Number _____

Birth date _____ Sex _____

Health Card Number _____

Last Tetanus booster date _____

Family Physician _____ Phone # _____

Please list schools previously attended by applicant:

School _____

Address _____

Dates _____ Grades Completed _____

School _____

Address _____

Dates _____ Grades Completed _____

Has the student ever been suspended? _____ Expelled? _____ Or asked to withdraw? _____

(If so, please give full particulars on a separate sheet of paper, including the principal's name, contact number and address of the school.)

Has the student ever been retained in a grade? _____ If so, state grade and date _____

Has the student ever been referred for testing? _____ Are there any professional reports? _____

(If so, please submit a copy of those reports with your application.)

*(** To determine if we can meet the needs of the student, it is important that we have received complete information on the student. Failure on the part of the parents in providing the school with all related information could result in the school not having sufficient resources to meet the student's needs. This could jeopardize the student's continued enrolment. **)*

Why is your child transferring from his/her present school? _____

Why do you want your child to enter Immanuel Christian School? _____

Describe your child's interests, talents, abilities _____

Does your child have allergies the school should be aware of? _____

Please list: _____

Treatment: _____

Does he/she take regular medication of any kind? _____

Does this medication need to be taken during school hours? _____

If so, when _____

Is there any medical reason the applicant cannot participate in the physical education program? _____

If "yes", please explain _____

Does your child have any emotional problems? _____

Explain: _____

Please make note of any remarks regarding your child's health and development that you would bring to our attention (indicate any chronic health problems, operations, injuries, or related concerns)

I/We attest that all the information provided on this form to be true and accurate to the best of my/our knowledge.

Parent's Signature

Parent's Signature

Date