 **DEVELOPMENT BACKGROUND FORM**

 ***Applicants to Grades EC3 - K1 – K2***

**TO PARENTS: Please complete this form and return, via email, air mail or fax to the Admissions office.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Child’s Name**
 | **Customary Name** | **Applying for:** | **Sex:** |
|  |  | **[ ]  EC3 (3 yrs)****[ ]  K1 (Pre-K)** **[ ] K2** | **[ ]  M** **[ ]  F** |

|  |  |  |
| --- | --- | --- |
| 1. **Birth Place**
 | **Date of Birth** | 1. **Places where the child has lived**
 |
|  | *dd / mm / yy***/****/** |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Child’s mother tongue**
 | 1. **Father’s first language**
 | 1. **Mother’s first language**
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|  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Language spoken at home**
 | 1. **Languages child speaks**
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|  |  |  |
|  |  |  |  |
| 1. **Family situation (check where applicable)**
 | **[ ]  Parents living together** | **[ ]  Separated** | **[ ]  Divorced** |
| **[ ]  Widowed** **[ ]  Re-married** **[ ]  Other (please specify)** |  |

1. **If your child has previously attended school, please respond. If not, please continue to #12.**

|  |  |
| --- | --- |
| * 1. **What did your child enjoy most in school?**
 | * 1. **Were there things your child disliked?**
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|  |  |
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| 1. **What are your child’s special abilities?**
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|  |
| 1. **What are your child’s special interests?**
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|  |
| 1. **Has your child been recommended for a SPECIAL EDUCATION PROGRAM? [ ]  Yes [ ]  No**
 |
|  *If* ***YES****, please attach the most recent* ***psycho-educational testing, Speech/Language or OT evaluations*** *and a copy of an* ***IEP*** *(Individualized Educational Plan) from the school, if applicable.***Comments:**  |
|  |
| 1. **Does your child nap or rest daily?**
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| 1. **Please comment on your child’s ability to spend a full day at school (9:00 am to 3:30 pm + bus time)**
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|  |

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1. **Please check the box that best describes your child’s level:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NOT YET** | **DEVELOPING** | **MASTERED** |
| **Prints first name** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Prints last name** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Knows alphabet** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Copies simple words** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Recognizes and names colors** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Knows numbers to 10 and on** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Writes numbers** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Shows an interest in books** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Follows simple directions** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Puts on and closes clothing**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **Independent toileting** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Jumps rope** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Rides a bicycle** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Bounces a ball** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Catches a ball** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Sings simple songs** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Skips** | **[ ]**  | **[ ]**  | **[ ]**  |
| **Dances** | **[ ]**  | **[ ]**  | **[ ]**  |

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| **What do you hope will be included in your child’s Kindergarten program?** |
|  |

***\*\*\* I hereby certify that the information above is accurate and complete. \*\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent signature** |  | **Date** |  |