 **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** | |
|  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Language spoken at home** | 1. **Languages child speaks** | | |  |
|  |  | | |  |
|  |  | |  |  |
| 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?** |
|  |  |
|  |  |
|  | |
| 1. **What are your child’s special abilities?** | |
|  | |
|  | |
| 1. **What are your child’s special interests?** | |
|  | |
|  | |
| 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?** | |
|  | |
|  | |

|  |
| --- |
| 1. **Please comment on your child’s ability to spend a full day at school (9:00 am to 3:30 pm + bus time)** |
|  |

*Page 1 of 2*

**DEVELOPMENT BACKGROUND FORM *page 2***

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** |  |  |  |

|  |
| --- |
| **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** |  |