

EDUCATIONAL DETAILS :

Has the child ever been tested for possible learning problems? If so, please indicate details

Name/address of current school:

Director/Principal's full name:
 Telephone #:
 Email:

Name (s) of previous school(s) attended	Location	Year attended and grades:
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I give MIS permission to contact my child's current/previous schools if necessary.
 Yes No

HEALTH and WELL-BEING

Does the child have any special physical, emotional or psychological needs? Please explain:

Special dietary requirements:
 Allergies:

ENGLISH PROFICIENCY:

Has your child ever attended a school where English was the primary language of instruction?
 Yes No

Has your child ever been enrolled in an English/bilingual program:
 Yes No

Please give a quick description of your child's formal exposure to English in school (include number of years, and hours/week enrolled in an English program):

Please give details of any other exposure your child has to English outside of school, for instance at home or through extracurricular activities:

STUDENT INTERESTS/HOBBIES :

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