

Student Information Questionnaire – 2019-2020

Student Name: _____

For a Kindergarten application:

1. Does your child attend pre-school? ___ YES ___ NO
2. If so, what does your child enjoy the most about pre-school?

3. Do you have any concerns about your child's learning?

For applications for Grades 1 – 7:

1. Does your child currently attend school? ___ YES ___ NO
2. If so, what is the name of the school they attend?

3. What subject(s) does your child enjoy?

4. Do you have any concerns about your child's learning?

Parent / Guardian Name: _____

Parent / Guardian Signature: _____