

**Student Information Questionnaire – 2020-2021**

**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?

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

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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?

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

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

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Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_