

# Tamarak Country School

## STUDENT PROFILE FORM

### 2018-2019



This form is to help us to better get to know your child. The more we know about your child, the better able we are to ensure a successful school experience for him/her. As with all information we ask for at school, this form will be kept confidential between our directors and teaching staff.

Student's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nickname/Name Child Prefers to be Called: \_\_\_\_\_  Male  Female

Parent Name(s): \_\_\_\_\_  Married  Divorced  Other: \_\_\_\_\_

Siblings' Names and Ages: \_\_\_\_\_

What is the language you primarily speak at home?: \_\_\_\_\_

If a second language is spoken at home, please list it here: \_\_\_\_\_

Does your child have any allergies or health problems?:  Yes  No If yes please describe:

\_\_\_\_\_  
\_\_\_\_\_

Did your child attend a previous preschool?:  Yes  No If yes, which one: \_\_\_\_\_

What elementary school district will your child attend?: \_\_\_\_\_

Please indicate anything you would like us to know about your child's previous preschool experience:

\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child gains from their preschool experience at Tamarak Country School?:

\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's personality: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any special concerns you have about your child? (social or otherwise):

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical, emotional or behavioral considerations?:  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child receive outside therapy for any special needs?: (OT, Speech, Behavioral, etc.)  Yes  No

If yes, please describe: \_\_\_\_\_

Will your child continue to receive these services during the school year:  Yes  No

What are your child's strengths and weaknesses? (socially, intellectually, physically; areas of special interest, particular talents; other pertinent information regarding your child)

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Please share any pertinent information regarding your child's family structure or cultural background you would like us to know about:

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Are there any cultural dietary restrictions that you would like us to know about your family?:  Yes  No

If yes, please describe: \_\_\_\_\_

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Does your child have any fears?  Yes  No If yes, what are they and how do you handle them at home: \_\_\_\_\_

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If your child or family has dealt with any significant issues in the past year that you would like us to be aware of, please describe: \_\_\_\_\_

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Please list any additional information that you feel will help us provide a positive school experience for your child: \_\_\_\_\_

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