

Tamarak Country School

STUDENT PROFILE FORM

2017-2018



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)

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

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

If yes, please describe: _____

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

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: _____

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