



# Elementary Grades 2-5 Questionnaire

To be completed by parent(s)/legal guardian(s) for **Grade 2 - Grade 5**.

<b>Student Name:</b>				<b>Grade Applying for:</b>				
<b>Date of Birth:</b>				<b>Grade at Previous School:</b>				
<b>1.</b>	Is this your family's first move out of your homecountry?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please share the countries you have lived in.								
<b>2.</b>	What are your child's academic strengths in school?							
Math <input type="checkbox"/>	Knows math addition facts		<input type="checkbox"/>	<input type="checkbox"/>	Language Arts (writing) <input type="checkbox"/>	Writes with print? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Knows math subtraction facts		<input type="checkbox"/>	<input type="checkbox"/>				
	Knows math multiplication facts		<input type="checkbox"/>	<input type="checkbox"/>				
	Knows math division facts		<input type="checkbox"/>	<input type="checkbox"/>		Writes with cursive? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Language Arts (reading) <input type="checkbox"/>		Science <input type="checkbox"/>		Music <input type="checkbox"/>		Art <input type="checkbox"/>		
Athletics/PE <input type="checkbox"/>								
<b>3.</b>	I have the following academic concerns for my child:							
<b>4.</b>	My child has the following interests:							
<b>5.</b>	Please describe how your child interacts with other children in a group.							
<b>6.</b>	Please indicate if your child has had any particular difficulty interacting with other students/teachers in their previous schools.							

7.	Has your child been identified as gifted or high ability?

**Health**

8.	My child has allergy concerns.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details:		
Medications:		
My child must carry an Epi-Pen for _____ allergy.		Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	My child must carry an inhaler.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	My child has been diagnosed with a learning disability.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	My child has limitations for physical activity.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent signature:

Date: