

 Date: \_\_\_\_\_\_\_\_\_\_\_

**STUDENT INFORMATION FORM**

#

The following information is of great importance to know more about our students. This is why we request you answer as fully and truthfully as possible:

# APPLICANT’S INFORMATION:

Full Name:

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last School attended:

# FAMILY COMPOSITION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Age** | **Scholarship** | **Occupation** |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| Sons |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Legal Status of the parents: Married Separated/Divorced Other:\_\_\_\_\_\_\_\_

 Family (who the student lives with): Mother Father Other relatives:\_\_\_\_\_\_\_\_\_\_

In case the student does not live with his parents, name the tutor in charge and his relationship with him:

Language spoken at home:

Languages student manages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# BRIEF DESCRIPTION OF THE FAMILY:

**Family Adaptation**

How is his relation with the rest of the family members?

# Mother:

**Father:**

**Siblings:**

**Has he experienced any family traumatic event during his development?**

# BRIEF DESCRIPTION OF THE APPLICANT:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PERSONAL TRAITS

* How is his /her character and behavior?
* Which hobbies or activities does he/she have? (hobbies, sports, clubs, etc.) Please name them in order of relevance:

# Complete:

|  |  |
| --- | --- |
| **Strong Areas** | **Weak Areas** |
|  |  |
|  |  |
|  |  |

# MEDICAL CONDITION

To date, how would you describe your child’s health?

# Specify if he has had any of these medical conditions:

|  |  |  |  |
| --- | --- | --- | --- |
| Respiratory |  | Fractures |  |
| Cardiovascular |  | Tics |  |
| Skin  |  | Convulsions |  |
| Digestive |  | Epilepsy |  |
| Surgeries  |  | Allergies |  |
| Traumatism |  | Urinary |  |
| Others |  |  |  |

Does he/she have any disease or medical condition that requires special support or attention?

Has he/she taken any regular medication in the past or the present? Specify which ones.

Has he/she had support from any medical or educational specialist (Neurologist, Psychologist, Psychiatrist, Speech therapist, etc.) Specify which ones.

**MOTOR SKILLS:**

How would you describe your child’s motor skills?

Normal: Below level: Advanced:

Does he/she practice any sports? Yes No

 Which ones?

# VISUAL DEVELOPMENT

Has he experienced any problem in his/her vision or eyes?

# HEARING DEVELOPMENT

Has he experienced any hearing impairment?

# LANGUAGE:

How would you describe his speech and language development?

Normal: below-level: Advanced:

# SCHOOL EXPERIENCES

How was his first experience at school or kindergarden?

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

In which schools has he been?

How would you describe his adaptation with classmates and teachers?

What are the reasons for changing school?

Has he had to repeat a grade? How many times and which grades?

Are you applying to others school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reasons why you are applying to southland school:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the person who filled in this form:**

**Academic guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 Signature