



APPLICATION FOR ADMISSION  
NURSERY & PRE-KINDERGARTEN  
School Year 2015- 2016

Name \_\_\_\_\_ Grade \_\_\_\_\_ Morning  Full day

Nationality \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

First Language of Student \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Name of sponsoring organization \_\_\_\_\_ Percentage \_\_\_\_\_

Last school attended (Address) \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone \_\_\_\_\_

**Parents Data:**

Name of Father \_\_\_\_\_ E-mail \_\_\_\_\_

Nationality \_\_\_\_\_ Profession \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Native Language \_\_\_\_\_ Mobile phone \_\_\_\_\_

License Plate Numbers of all Vehicles \_\_\_\_\_

Name of Mother \_\_\_\_\_ E-mail \_\_\_\_\_

Nationality \_\_\_\_\_ Profession \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Native Language \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Languages spoken at home \_\_\_\_\_

License Plate Numbers of all Vehicles \_\_\_\_\_

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

\_\_\_\_\_  
Parent's Signature

STUDENT HEALTH RECORD AND EMERGENCY INFORMATION

Persons to call in case of emergency (if parent cannot be contacted):

1) \_\_\_\_\_ Office Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

2) \_\_\_\_\_ Office Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital/Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

Please specify any allergic reactions: (Including bee stings)

\_\_\_\_\_

Does Child have asthma? \_\_\_\_\_

Any sport activity restriction: \_\_\_\_\_

It is our school policy not to administer medications to students without written parental permission. If your child requires medication, please bring it to the school in the original container with a parent's/doctor's note and instructions.

I hereby authorize the school to take my child to the nearest medical center in case of emergency when none of the above persons can be reached. Yes \_\_\_\_\_ No \_\_\_\_\_

Please state if your child has been diagnosed with or treated for any educational or emotional problems. Be specific so we can discuss any special arrangement that may be needed. It is the responsibility of the parent to fully disclose any such diagnoses and provide professional reports and recommendations. Withholding such information may result in non-admission, suspension or dismissal of the student.

\_\_\_\_\_

Please give a brief medical history of childhood diseases and ongoing medical needs:

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

# *Student Background*

## Information Sheet

Student's Name \_\_\_\_\_  
(last) (first) (Middle)

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Requested Grade \_\_\_\_\_  
Day / Month / Year

Your child's development and school progress are important to the staff at the Discovery School. Please share our mission by completing this questionnaire. The responses will remain confidential and shared only with the appropriate school personnel.

### 1. FAMILY HISTORY

A. Parents' Names \_\_\_\_\_

B. Relationship to child (If not parent) \_\_\_\_\_

C. Student is living with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Guardian \_\_\_\_\_ Step-Father \_\_\_\_\_ Step-Mother \_\_\_\_\_

D. Names of brothers and / or sisters attending or applying at Discovery School

Name	Age	Grade	Place of Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Languages spoken at home: \_\_\_\_\_

Is English spoken at home? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Proficiency in English as a Second Language (please circle the appropriate term):

Written English    None    Very Little    Some    English proficient

Spoken English    None    Very Little    Some    English proficient

Reading English    None    Very Little    Some    English proficient

G. Do you anticipate that your child will need English as a :

Second Language (ESL)    Yes \_\_\_\_\_    No \_\_\_\_\_

Spanish as a Second Language (SSL)    Yes \_\_\_\_\_    No \_\_\_\_\_

(For Grade 2<sup>nd</sup> and above only)

## 2. PHYSICAL HISTORY

A. Please check the items that describe your child:

Very Active \_\_\_\_\_ Very Quiet \_\_\_\_\_ Average \_\_\_\_\_ Shy \_\_\_\_\_  
Aggressive \_\_\_\_\_ Stubborn \_\_\_\_\_ Social \_\_\_\_\_ Other \_\_\_\_\_

B. Medical / Hearing / Vision

Has your child ever had hearing difficulty? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever had vision problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have allergies or asthma?  
(Including bee stings) Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever had a seizure? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a medical condition the school should know about? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate the type and purpose \_\_\_\_\_  
\_\_\_\_\_

Do you authorize the school to give your child Tylenol, Pepto-Bismol or Throat lozenges?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## 3. SCHOOL HISTORY

Please fill in the following:

Name of School	Location	Grade Level Attended	Years Attended	Language of Instruct.
----------------	----------	-------------------------	-------------------	--------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate the contact number of the most recent school attended.

PHONE \_\_\_\_\_

FAX # \_\_\_\_\_

Please circle the appropriate answer:

Has your child ever received a double promotion (skipped a grade) Yes No  
Indicate grade skipped\_\_\_\_\_

Has your child ever been identified as gifted or talented? Yes No

Has your child ever been retained? Grade \_\_\_\_\_ Yes No

Has your child received English as a Second Language assistance? Yes No  
Grade\_\_\_\_\_

Has your child ever been in a speech therapy program? Yes No  
Grade\_\_\_\_\_

Has your child ever been identified as having a learning disability? Yes No

Please indicate learning disability area:

Reading\_\_\_\_\_ Language\_\_\_\_\_ Mathematics\_\_\_\_\_

Has your child ever received academic assistance during the school day? Yes No  
Please indicate area of assistance\_\_\_\_\_

Has your child been diagnosed as ADD or ADHD? Yes No  
(If the answered Yes to any of the above questions, please provide test results, reports, recommendation, phone number of professional)

Has your child ever received remedial assistance? Yes No  
Please indicate the area of assistance:\_\_\_\_\_

Has your child ever received tutoring outside of the school day? Yes No  
Please indicate the area of assistance \_\_\_\_\_

Has your child ever been denied admission to a school? Yes No  
Please describe: \_\_\_\_\_

Has your child ever experienced social, emotional or behavioral difficulties? Yes No  
If Yes, Please explain\_\_\_\_\_

Has your child ever been suspended from school? Yes No  
Please explain\_\_\_\_\_

**4. SOCIAL HISTORY (Please check the appropriate descriptions):**

\_\_\_\_ Has difficulty adjusting to new situations.

\_\_\_\_ Adjusts to new situations with ease.

\_\_\_\_ Has never had to adjust to a new situation

\_\_\_\_ Has many friends

\_\_\_\_ Has a small group of friends

\_\_\_\_ Likes to be active in school

Please list your child's favorite hobbies or interests:

---

Is there any other information you feel would be useful for those educating your child?

---

---

Name- Relationship to Child (please print)

---

Signature of person completing this form

---

Date

***Note: I hereby state that the information provided in this form and that the documents that I have provided are trustworthy and truthful, or the admission and enrollment of the student will be considered null and void.***