

Student History

Student's Name: _____ Student's Date of Birth: _____ Age: _____

Student History

Conditions at birth: _____

Is your child adopted? _____ Does your child speak? _____ Overactive? _____ Underactive? _____

Right or Le Handed? _____ Broken Bones? _____

Is either parent gone for long periods of me? _____

Is child cared for by anyone other than parents? _____

What activities does your child enjoy most? _____

When you discipline your child, what do you do? _____

How do you reassure/reward your child? _____

Does your child get along with his/her brothers/sisters? _____

List Brothers/Sisters enrolled in school outside of Knollwood Christian Academy and where:

Do you have anyone else living in your home with you? If yes, what are their names? _____

Do you have any pets? If so, what kind and what are their names? _____

Does your child accept new people easily? _____

Does your child have any particular habits or mannerisms (thumb sucking, nail biting, etc.)? _____

Does he/she have any special fears? _____