



**STUDENT INFORMATION SHEET**

Incoming Grade Level \_\_\_\_\_ School Year \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (M.I.)

Nickname \_\_\_\_\_ Religion \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

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

Residence Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_

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

**Education History** (List all previous schools attended, starting with the current school)

Name of School	From (Month- Year)	To (Month-Year)	Grade	Reason for Leaving

Has your child skipped a grade level? \_\_\_ No \_\_\_ Yes What level/s? \_\_\_\_\_

Has the applicant ever received a disciplinary action from a former school? \_\_\_ No \_\_\_ Yes

Please state reason/s: \_\_\_\_\_

**Scholastic Achievements**

Awards, Citations, or Honors Received	Year	School

**Health Information**

Does your child have any specific learning difficulties? \_\_\_ No \_\_\_ Yes Please provide details.  
 \_\_\_\_\_

Does your child have any physical disability or medical/behavioral/mental health conditions? \_\_\_ No \_\_\_ Yes  
 Please specify and submit a copy of medical records.  
 \_\_\_\_\_

Has your child undergone therapy? \_\_\_ No \_\_\_ Yes Please specify and submit a copy of medical records.  
 \_\_\_\_\_

Does your child have any allergies (to medication, food or others) that you are aware of? \_\_\_ No \_\_\_ Yes  
 Please specify known allergies \_\_\_\_\_