

Preschool Department - Information Sheet

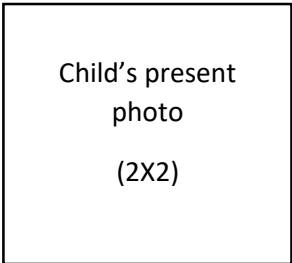
Date Filled: _____ Grade &Section: _____ S.Y : _____ Student No. _____

Last Name Name		First Name		Middle	Nickname	Gender
Address						
Telephone				Cellphone No/s.		
Birthday	Age by June	Place of Birth			Nationality	
Grade/Level & Inclusive date		Schools Attended			Religion	
					Complete Address & Tel No of <u>Last School Attended</u>	
Mother's Name					Occupation	
Office Address & Telephone/Cellphone no.					Highest Educational Attainment	
Father's Name					Occupation	
Office Address & Telephone/Cellphone no.					Highest Educational Attainment	
Other Emergency/Contact Person/Nos.						
Mode of Home- School Travel		<input type="checkbox"/> To be Fetched		Fetcher's Name/Relation		
		<input type="checkbox"/> Authorized Service		Operator:		
Brother (s) and / or Sister(s)		Age	Grade/Level	School		
1. _____		_____	_____	_____		
2. _____		_____	_____	_____		
3. _____		_____	_____	_____		
4. _____		_____	_____	_____		
5. _____		_____	_____	_____		
Are the parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, since when? _____ and, with whom is the child living with? <input type="checkbox"/> Father <input type="checkbox"/> Mother						
Who will provide help with the child's home works? _____						
Please state if there are special instructions regarding the child _____						

(Please do not fill the box below)

On Test Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No • AMIS Entrance Test	Received by: LUZVIMINDA R. PERAS Guidance Coordinator Date	Remarks:
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OTHER INFO: PRESCHOOL



Pupil's Name: _____

1. Sleeping

What time does he/she usually go to bed at night? _____ Get up in the morning? _____
Does he/she take a daytime nap or rest? _____ If so, for how long? _____

2. Speech

Does he/she speak plainly so that others besides those at home can understand him/her? _____
Are any other dialects spoken at home besides Tagalog? _____

3. Personality

Does he/she have any special fears? If so, please list and explain _____

Are you aware of any special problems, such as aggression, anger, anxiety, hostility, etc.?

Please describe your child's personality _____

4. Discipline

By what means do you "discipline" your child? By spanking? _____ By scolding? _____
By putting to bed? _____ Other ways? _____

5. Miscellaneous

5.a. Is there any information that we should have concerning your child which would help us understand him/her better?

5.b. What do you hope your child will gain from this experience? _____

Please describe your child's personality:

Above information furnished by: _____

Relation to Student _____ Please sign over printed name _____
Date: _____