



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:**

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**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:**

<b>Strong Areas</b>	<b>Weak Areas</b>

**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?

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In which schools has he been?

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How would you describe his adaptation with classmates and teachers?

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What are the reasons for changing school?

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

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

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

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

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

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Signature

