

**ELEMENTARY- New Student Profile**

**Name of Student:** \_\_\_\_\_

**Age of Student:** \_\_\_\_\_

**Grade :** \_\_\_\_\_

In order for the teacher(s) to prepare for your child’s education, we ask that you please complete the form below. Filling out the form in its **entirety** will assist us in creating the best academic programming for your child.

**Medical History**

1. Does your child have any allergies, asthma or other medical conditions that we should know about?

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2. Does your child have a predisposition to ear infections? (4-5 per year). If yes, has he/she had a hearing test issued? What were the results? Please share or attach results.

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3. Has your child even been testing for speech concerns? (Pronunciation of words, omission of sounds etc.) If yes, please share or attach results or assessments.

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4. Did your child experience distress during child birth? (Premature, breathing problems etc.) If yes, please explain.

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5. Does your child wear glasses or have there been any other eye concerns? Please share or attach results.

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**Developmental Milestones**

1. At what age did your child begin to walk?

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2. At what age did your child begin to speak? (simple sentences; 2 to 3 words strung together)

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3. At what age did your child begin to feed him/herself? ( using a fork or spook)

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4. How many languages does your child speak at home? What are they?

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5. Does your child have any siblings? Age of each, if applicable.

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**School History**

1. Previous school(s) that your child attended:

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2. How many year(s)/grade(s) did your child attend this school? Reason for leaving?

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**Educational Background**

1. Has your child been assessed for a learning disability? Please attach results.

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2. Has your child had a professional assessment completed? If yes, what type? Please attach results/findings/strategies.

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3. Has your child ever been suspended or disciplined at former school? Please give details.

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4. What are your child's strengths?

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Thank- You and Pax Bonum!  
The Elementary Division