



## GENERAL INFORMATION

Gender: \_\_\_ Male \_\_\_ Female \_\_\_ I give permission for information to be printed in school directory

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_ Native American \_\_\_ Filipino \_\_\_ Asian \_\_\_ Hispanic/Latino \_\_\_ African American  
\_\_\_ Caucasian/Other \_\_\_ Multi Racial DOB: \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. Age: \_\_\_\_\_

Religion: \_\_\_\_\_ Baptized: \_\_\_ Yes \_\_\_ No

Preschool last attended: \_\_\_\_\_ Days a week attended: \_\_\_\_\_

## PARENT/GUARDIAN AND FAMILY INFORMATION

Marital Status: ( ) Married ( ) Widowed ( ) Separated ( ) Divorced ( ) Remarried

**Mother's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Church attending: \_\_\_\_\_

If parents are separated or divorced, who has legal custody: \_\_\_\_\_

In the event of shared custody, the school requires copies of the custodial legal documents to be provided at the time of application.

Marital Status: ( ) Married ( ) Widowed ( ) Separated ( ) Divorced ( ) Remarried

**Father's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Church attending: \_\_\_\_\_

If parents are separated or divorced, who has legal custody: \_\_\_\_\_

In the event of shared custody, the school requires copies of the custodial legal documents to be provided at the time of application.

List names, ages, grades and schools attending (including preschoolers) of all school-aged children in your family:

- |          |            |              |               |
|----------|------------|--------------|---------------|
| 1. _____ | Age: _____ | Grade: _____ | School: _____ |
| 2. _____ | Age: _____ | Grade: _____ | School: _____ |
| 3. _____ | Age: _____ | Grade: _____ | School: _____ |
| 4. _____ | Age: _____ | Grade: _____ | School: _____ |
| 5. _____ | Age: _____ | Grade: _____ | School: _____ |
| 6. _____ | Age: _____ | Grade: _____ | School: _____ |

## **PARENT QUESTIONNAIRE & COMMITMENT**

1. How did you hear about OLPH TK? \_\_\_\_\_
2. Considering the goals for your child, why would you like your child to attend OLPH TK? \_\_\_\_\_  
\_\_\_\_\_
3. Has the student ever been referred to a speech therapist?  Yes  No If yes, please provide date and reasons for referral. \_\_\_\_\_
4. Has the student ever had modifications made in the classroom or an IEP?  Yes  No If yes, please provide a copy of the IEP.
5. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder?  Yes  No If yes, please explain: \_\_\_\_\_
6. Is the student presently taking any medication for medical or learning problems?  If yes, provide kind of medication, dosage, and frequency. \_\_\_\_\_
7. Does your child have any allergies?  Yes  No If yes, please explain: \_\_\_\_\_
8. Does your child wear glasses?  Yes  No
9. Does your child have any hearing difficulties?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
10. Is your child able to separate from the parent without difficulty?  Yes  No If not, please explain: \_\_\_\_\_  
\_\_\_\_\_
11. Does your child take care of his/her bathroom needs independently?  Yes  No
12. Has your child ever had disciplinary difficulty and/or has been asked to leave another preschool?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
13. Please provide any additional information that may be helpful for the teacher. (i.e. – shy, fearful of loud noises, changes in family dynamics) \_\_\_\_\_