



**Student lives with:**

\_\_\_\_\_ Both parents                      \_\_\_\_\_ Mother & Stepfather                      \_\_\_\_\_ Guardian  
\_\_\_\_\_ Mother                                      \_\_\_\_\_ Father & Stepmother  
\_\_\_\_\_ Father                                      \_\_\_\_\_ Grandparents

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ / \_\_\_\_\_  
Address \_\_\_\_\_ First Maiden  
(if different from front page) Address \_\_\_\_\_  
(if different from front page)  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Bus. Phone# \_\_\_\_\_ Bus. Phone# \_\_\_\_\_  
Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Name and Denomination of church membership

\_\_\_\_\_ Name \_\_\_\_\_ Denomination \_\_\_\_\_

Step-father's Name \_\_\_\_\_ Step-mother's Name \_\_\_\_\_ / \_\_\_\_\_  
First Maiden  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Bus. Phone# \_\_\_\_\_ Bus. Phone# \_\_\_\_\_  
Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Name and Denomination of church membership

\_\_\_\_\_ Name \_\_\_\_\_ Denomination \_\_\_\_\_

If your child has experienced any previous difficulty in school, please note source and nature of difficulty. \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, we will contact the parents first. If needed, may you or your spouse be contacted at work? Yes\_\_\_\_\_ No\_\_\_\_\_ **If we cannot reach the parents, we will then try to contact the following:**

\_\_\_\_\_ Name Address Phone# Relationship  
\_\_\_\_\_

\_\_\_\_\_ Name Address Phone# Relationship

School Messenger preferred phone number \_\_\_\_\_

School Messenger preferred e-mail address \_\_\_\_\_

Weekly Warrior emailed: Yes \_\_\_\_\_ No \_\_\_\_\_

How did you come to know about Immanuel? Friends/relatives \_\_\_\_\_  
Outdoor sign \_\_\_\_\_ Website \_\_\_\_\_ Other(specify) \_\_\_\_\_

CHILD DEVELOPMENT AND FAMILY INFORMATION

1. Pregnancy: Full term \_\_\_\_\_ Normal \_\_\_\_\_ Complications \_\_\_\_\_ (Please give details) \_\_\_\_\_  
\_\_\_\_\_

2. As a baby; was he/she curious? \_\_\_\_\_ Busy \_\_\_\_\_ Fussy \_\_\_\_\_ Quiet \_\_\_\_\_  
Passive \_\_\_\_\_ Alert \_\_\_\_\_

3. At what approximate age did your child: Creep \_\_\_\_\_ Sit Alone \_\_\_\_\_  
Talk: Words \_\_\_\_\_ Sentences \_\_\_\_\_

4. Has your child ever been tested for a learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, where? \_\_\_\_\_

Has your child ever been tested for Attention Deficit Hyper Activity Disorder?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Does your child have a 504 plan \_\_\_\_\_ or IEP \_\_\_\_\_ (individualized learning plan)  
from another school or school district?

Vision: Wears glasses: Yes \_\_\_\_\_ No \_\_\_\_\_ Hearing Aid: Yes \_\_\_\_\_ No \_\_\_\_\_  
Speech defects? Yes \_\_\_\_\_ No \_\_\_\_\_ Regular Medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Food Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Seizures: Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Give a brief history of serious accidents, illness, broken bones, operations or special  
examinations, if health problems require restricted activity or special attention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there any physical defects which would limit your child's participation in  
school or school related activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

6. How long does he/she sleep at night? \_\_\_\_\_

7. Have there been any concerns regarding sleep? (Explain i.e. duration, night  
terrors)

\_\_\_\_\_  
\_\_\_\_\_

8. Does your child have problems waking up? \_\_\_\_\_

9. Does your child have a good appetite? \_\_\_\_\_

10. Does he/she often seem listless and tired? \_\_\_\_\_
11. Are there any nervous habits? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
12. Does he/she have any fears? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
13. How is his/her general cooperation with members of the family? \_\_\_\_\_  
\_\_\_\_\_
14. Does he/she get along with other children? \_\_\_\_\_
15. Does he/she play well by himself/herself? \_\_\_\_\_
16. Is there another person who cares for him/her part of the time? \_\_\_\_\_  
Who? \_\_\_\_\_ How is their relationship? \_\_\_\_\_
17. What is of special interest to your child? \_\_\_\_\_
18. The following items will help us better understand your child and be alert to his/her needs. Please check those which describe your child:  
 \_\_\_ Worries      \_\_\_ Self confident      \_\_\_ Enthusiastic      \_\_\_ Self-conscious  
 \_\_\_ Bold      \_\_\_ Shy      \_\_\_ Easily discouraged \_\_\_ Generous  
 \_\_\_ Easy going      \_\_\_ Insecure      \_\_\_ Selfish      \_\_\_ Indifferent  
 \_\_\_ Daydreams      \_\_\_ Temper outbursts \_\_\_ Quiet      \_\_\_ Short attention  
 \_\_\_ Easily frustrated      \_\_\_ Moody      \_\_\_ Very active      \_\_\_ Carefree  
 \_\_\_ Other \_\_\_\_\_ Please give details concerning any of the above characteristics: \_\_\_\_\_
19. Has there been any recent experiences which may have affected your child? (i.e. a recent move to a new home, serious illness, adoption, new jobs, death, divorce, separation) \_\_\_\_\_
- Name of person responding \_\_\_\_\_
- Relationship \_\_\_\_\_
- Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_