

**Enrollment Questionnaire**

**\*\* THIS INFORMATION IS CONFIDENTIAL and is used strictly for the purpose of becoming better acquainted with you and your student. \*\***



Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Gender: M / F

\*Name to be used in school: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Person Completing Questionnaire: \_\_\_\_\_

Previous Schools Attended: \_\_\_\_\_

**FAMILY BACKGROUND**

**HOUSEHOLD #1:**

Child Lives with the Following Adults (Please include names and relations):

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

**Other Children in the Household:**

NAME/RELATION	GENDER	AGE	GRADE
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____

**HOUSEHOLD #2 (if applicable):**

Child Lives with the Following Adults (Please include names and relations):

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

**Other Children in the Household:**

NAME/RELATION	GENDER	AGE	GRADE
_____	M / F	_____	_____
_____	M / F	_____	_____
_____	M / F	_____	_____

Please list any special living situations that may help us understand your child's daily schedule:

\_\_\_\_\_

**GENERAL HEALTH INFORMATION**

Please list any medical conditions (diabetes, seizures, etc.) your child has including food and/or environmental allergies: \_\_\_\_\_

Please list any medication(s) your child takes and indicate whether they need to be administered at school:

\_\_\_\_\_

Are you aware of any speech, vision, or hearing impairments? If so, please list:

\_\_\_\_\_

Has your child ever been evaluated by a professional? YES  NO

(Speech Therapist, OT, PT, Behavior Specialist, Psychologist, etc.) If yes:

Reason for evaluation: \_\_\_\_\_

Name of Specialist: \_\_\_\_\_

Location of services: \_\_\_\_\_ Date of services: \_\_\_\_\_

Is your child receiving any services now? \_\_\_\_\_

Does your child currently have an IEP? \_\_\_\_\_