



SY: _____
ELEMENTARY

Class Sched, Escort and Uniform Info Sheet

Name of child: _____
Family Name First Name Middle Name

Date Enrolled: _____ Age _____

CLASS LEVELS: Grade 1 2 3 4 5 6 Tutorial

Do you want to enroll your child in Tap Dance _____ Ballet _____ Swimming _____

Which car will pick up your child?

Personal: Model _____ Plate No. _____

Who can pick up your child? Parent Driver Yaya School bus

Others: _____

Names: _____

Car Service: Model _____ Plate No. _____

Name of Owner: _____ Tel. No. _____ Cell. No. _____

If yaya will wait for your child, is she allowed to go outside the premises of Preppi School (i.e. go to store nearby to buy snack)? Yes _____ No _____

Preppi will not be responsible for your yaya's incoming and outgoing.

Size of child's uniform: Size No. _____

Shoulder: _____ Waist: _____ Hips: _____ Shirt length: _____ Shorts length: _____

No. of uniforms: Daily set _____ P.E. _____



Name of child: _____
Family Name First Name Middle Name

Nickname: _____ Sex:

Meaning of name: _____ Age: _____

Who named your child? _____ Tel. no. _____

Home address: _____

Place of birth: _____ Date of birth: _____
Month Day Year

Name of father: _____

Occupation: _____ Company: _____

Home address: _____

Office address: _____

Home no. _____ Office no. _____ Fax no. _____

E-mail address: _____ Cell no. _____

Name of mother: _____

Occupation: _____ Company: _____

Home address: _____

Office address: _____

Home no. _____ Office no. _____ Fax no. _____

E-mail address: _____ Cell. no. _____

Name of child: _____

In case of emergency, pls. contact (name of person): _____

Relation to child: _____

Contact no: _____

A. Cognitive/ Intellectual

1. Is your child Left handed Right handed

2. What are your child's favorite past time activities?

Browsing a picture book Writing letters Drawing pictures

Coloring a picture Painting a picture Singing songs

Dancing Playing with toys Sleeping

Watching TV Playing Instruments Computer Games

Sports Others: _____

3. For Transferees: What school did he/she last attended?

Reason for transferring: _____

4. How did you find out about the school? _____

5. What are your expectations from your child at the end of the school year ?



Name of child: _____

6. What are your expectations from your child when he/she reaches the 6th grade?

7. What are your expectations from the school at the end of the school year ?

8. Do you have tentative plans on where you want to send your child after his/her elementary years?

B. Personal / Emotional

1. Can your child eat by himself / herself ? Yes No

2. Does your child practice daily bowel movement before going to school?

Yes No

If not, please choose applicable options below:

Does he/she have difficulty in his/her bowel movement? Yes No

Does he/she practice bowel movement after school hours? Yes No



We want to know more about your child.

Name of child: _____

3. Does your child have any:

phobias: _____

traumas: _____

crying bouts (What would most likely cause him/her to cry in school?) _____

4. What are the causes of your child's temper tantrums: _____

5. Does your child ever had any disciplinary record from his/her previous school?

C. Social

please check all that apply

My child:



initiates a conversation

answers in words

answers in complete sentences

tends to hit others when excited

extremely timid

afraid of other children

speaks fluent English Filipino

prefers to be alone

Name of Child: _____

Height: _____ Weight: _____

D. Medical History

Name of pediatrician _____

hospital _____

contact no. _____

Name of dentist _____

dental clinic _____

contact no. _____

If the child had any of the following conditions, what year?

Hepatitis _____ Dengue _____

Measles (3-day) _____ Mumps _____

(red) _____ Scarlet fever _____

Chicken pox _____ Poliomyelities _____

Whooping cough _____ Diabetes _____

Diphtheria _____ Hernia _____

Rheumatic fever _____ Otitis media _____

Epilepsy _____ Convulsions _____

Heart disease _____ Pneumonia _____

Asthma _____



Are there any physical handicaps? _____

Are there any allergies? _____

Name of Child: _____

List in chronological order all surgical procedures performed on the child.

Date	Type of Surgery	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate condition which might affect the child's performance at school or any condition the staff should be aware of: _____



Name of Child: _____

High School and College Plans

At this point in time, do you have tentative plans on where to enroll your child for the Middle School or High School?

None yet

If yes: (Pls. indicate your top 2 choice schools)



Philippines: _____

Abroad: _____

Where do you envision or hope your child will study for College ?

None yet

If any: (Pls. indicate your top 2 choice schools)

Philippines: _____

Abroad: _____

Name of Child: _____

Hobbies and Interests

Is your child enrolled in any extra-curricular activities, hobbies or interests?

(We advise that your child pursue other physical activities for a well-balanced development. We encourage you to try the Music, Art and/or Dance programs in Preppi too. If you need details, please just email me your queries.)

None yet

If yes: (Pls. indicate)

Activities: _____

How long has your child been taking the above course?

