



Surabaya International School STUDENT BACKGROUND INFORMATION

Photo
3 x 4 cm

CHILD'S NAME: _____ BIRTH DATE: _____ M F
(Family Name) (First) (Middle) (D / M / Y)

NATIONALITY: _____ ENTRY GRADE: _____

Surabaya Address : _____ Phone : _____

Your child's development and school progress are important to the faculty and staff at the Surabaya International School. Please share our mission by completing this questionnaire. The responses will remain confidential and shared only with the appropriate school personnel.

1. FAMILY HISTORY

- A. PARENTS' NAMES: _____
- B. CHILD IS LIVING WITH: Both Parents Mother Father Guardian
- C. GUARDIAN'S RELATIONSHIP TO FAMILY (if child is living with guardian): _____
- D. NAMES OF BROTHERS AND/OR SISTERS:
- | Name | Age | Grade | Place of Residence |
|-------|-------|-------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- E. LANGUAGE(S) SPOKEN AT HOME: _____
 English is spoken at home Yes No
- F. PROFICIENCY IN ENGLISH AS A SECOND LANGUAGE (please check the appropriate):
- | | | | | |
|-----------------|-------------------------------|--------------------------------------|-------------------------------|-------------------------------------|
| Written English | <input type="checkbox"/> None | <input type="checkbox"/> Very little | <input type="checkbox"/> Some | <input type="checkbox"/> Proficient |
| Spoken English | <input type="checkbox"/> None | <input type="checkbox"/> Very little | <input type="checkbox"/> Some | <input type="checkbox"/> Proficient |
| Reading English | <input type="checkbox"/> None | <input type="checkbox"/> Very little | <input type="checkbox"/> Some | <input type="checkbox"/> Proficient |

2. PHYSICAL HISTORY

- A. Please check the items that describe your child:
- | | | | |
|--------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Very active | <input type="checkbox"/> Very quiet | <input type="checkbox"/> Average | <input type="checkbox"/> Above average |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Sociable <input type="checkbox"/> Other |
- B. MEDICAL / HEARING / VISION
- Has your child ever had hearing difficulty? Y N
- Has your child ever had vision problems? Y N
- Has your child ever been hospitalized? Y N
- Does your child have allergies or asthma? Y N
- Does your child have a medical condition the school should know about? Y N
- If yes, please describe: _____
- _____
- Is your child currently taking medication? Y N
- If yes, please indicate the type and purpose: _____

3. SCHOOL HISTORY

Please fill in the following information:

Name of School	Location	Grade Level Attended	Years Attended	Language of Instruction

Please indicate the contact person and telephone number of the most recent school attended:

CONTACT PERSON: _____ TITLE: _____
 NAME OF SCHOOL: _____ TEL: _____ FAX: _____

Please check the appropriate answer:

- Has your child ever received a double promotion (skipped a grade)? Y N
- Has your child ever been identified as gifted or talented? Y N
- Has your child ever been retained? Grade _____ Y N
- Has your child received English as a Second Language assistance? Y N
- Has your child ever been in a speech therapy program? Y N
- Has your child ever been identified as having a learning disability? Y N
- Please indicate learning disability area:
- Reading Language Mathematics
- Has your child ever received academic assistance during the school day? Y N
- Please indicate the area of assistance: _____
- Has your child ever received tutoring outside of the school day? Y N
- Please indicate the area of assistance: _____
- Has your child ever been denied admission to a school? Y N
- Please describe: _____
- _____
- Has your child ever experienced social, emotional or behavioral difficulties? Y N
- Has your child ever been suspended from school? Y N

4. SOCIAL HISTORY

Please check the appropriate descriptions of your child:

- | | |
|---|---|
| <input type="checkbox"/> Adjusts to new situations with ease | <input type="checkbox"/> Has a small group of friends |
| <input type="checkbox"/> Has never had to adjust to a new situation | <input type="checkbox"/> Has many friends |
| <input type="checkbox"/> Likes to be active in school | |

Please list your child's favorite hobbies or interests:

Is there any other information you feel would be useful for those educating your child?

I/We have completed and signed this questionnaire in the belief that all answers are as accurate as possible.

PARENT'S NAME: _____ SIGNATURE: _____ DATE: _____