

| Pre-Admission Questionnaire (Primary School) | | | |
|---|---|------|----|
| 1. Name of the child | | | |
| 2. Please tick: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 3. Date of birth (day / month / year) | | | |
| 4. Grade applying for | DS _____ / ES _____ | | |
| 5. Current grade | | | |
| 6. What is your child's first language? | German ____ English ____ Japanese ____ Others: _____ | | |
| 7. Which language does the mother use when speaking to the child? | | | |
| 8. Which language does the child use when speaking to the mother? | | | |
| 9. Which language does the father use when speaking to the child? | | | |
| 10. Which language does the child use when speaking to the father? | | | |
| 11. Which language does the child use when speaking to siblings? | | | |
| 12. What is the family language? (e.g. the language used by everyone during meal time) | | | |
| 13. Where has your child lived? | City/Country | from | to |
| | | | |
| | | | |
| | | | |
| 14. Has your child had previous schooling? | Yes ____ No ____ | | |
| 15. Please name the last three schools including nursery/ kindergarten/early learning center. | Name of institution | from | to |
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| 16. Has your child repeated a grade? | Yes _____ (Grade _____) No _____ |
| 17. Has your child skipped a grade? | Yes _____ (Grade _____) No _____ |
| 18. Does your child have siblings? | Yes ___ No ___ |
| 19. How many siblings does your child have? | |
| 20. Is your child a) the oldest child b) a middle child c) the youngest child? Please circle where applicable. | |
| 21. Excepting parents and siblings, are there any other important persons in the life of your child? Please explain. | |
| 22. Whom does your child prefer to interact with? Please circle where applicable. | a) My child prefers to interact with other children. b) My child prefers to interact with adults. c) My child prefers to learn or play by herself/himself. |
| 23. What are your child's strengths? | |
| 24. What are your child's weaknesses? | |
| 25. Has your child experienced an important event such as divorce, accident, death of a loved one etc.? | |
| 26. Does your child have any Allergies? | Yes ___ No ___ Medication ___ If yes, please give details: |

Mobile: _____ Email: _____

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| Additional information |
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