



Abbotsford Christian School

STUDENT PROFILE

Student's Name : _____ Gender: _____
 (Last name) (First) (Middle)

Date of Birth: _____ Place of Birth: _____
 Day/Month/Year (City) (Country)

Student Health Care # _____

Requested Grade Placement: _____ Bus Route: _____
 (if applicable)

List chronologically all previous schools attended including Kindergarten.
 (Please provide the mailing address of the last school attended only. This will allow us to request school records).

Name of School	Address, City, Postal Code	Year	Grade

I have included a photocopy of my child's most recent report card with this application.

Yes No Will provide as soon as possible

Previous academic achievement has been:

Superior Above Average Average Below Average

Has the student ever received learning assistance or special education instruction? Yes No

Please explain: _____

Has the student ever repeated a grade? Yes No

If yes, state at which grade level and explain reasons:

(Over)

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How many days of school did the student miss last year? Explain:

Describe any physical, mental or emotional disabilities (allergies, heart, hearing impairment, speech impediment, nervous condition, etc.):

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident).

What medical information would help us understand your child better (birth complications, speech, hearing, allergies, asthma, heart, vision, development, etc.)?

Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc.)?

Has the student ever received any diagnostic testing? Yes No

Dates of testing (if applicable):

Is this information available to the school? Yes No

Explanation:

Do any agencies such as the Child Development Centre, health clinics or speech pathologists have reports on your child? If so, please attach any copies you have.

Is there anything else you would like us to know about your child?

Please enclose: Copy of Birth Certificate
 Copy of most recent report card