



# Student Application Pre-K & Kindergarten

To be completed by a parent/guardian; Some questions will not apply to pre-kindergarten applicants; answer as appropriate.

## ► STUDENT INFORMATION

Please list names of all students applying from your family:  Female  Male Month/Year to start at GHCA: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Preferred Name or Nickname

\_\_\_\_\_  
Birthdate (MM/DD/YYYY) City & Country of Birth Country of Citizenship

Applying for (select one):  PreK: Morning (M-Th, 8:30am-11:30am)  PreK: Entire School Day (M-Th, 8:30am-2:30pm)  Kindergarten

## ► EDUCATIONAL INFORMATION

Has this student or any of his/her family members applied to GHCA before?  Yes  No If yes, when? \_\_\_\_\_

Has your child attended nursery school or preschool?  Yes  No If yes, please complete the following:

School Name \_\_\_\_\_ Type:  public  private  Christian

School Address \_\_\_\_\_  
Street City State/province Zip

School Phone \_\_\_\_\_ Date attended \_\_\_\_\_

If transferring from another private school, is your family's balance paid in full at that school?  Yes  No

Has your child had a developmental screening or readiness test administered previously?  Yes  No

If so, what kind and when (please attach a copy of report)? \_\_\_\_\_

Was your child recommended for kindergarten by the nursery school/preschool personnel?  Yes  No  N/A

What is your child's attitude towards school? \_\_\_\_\_

## ► STUDENT PROFILE

1. Explain what the teachers ought to know about your student as a learner and as a person: \_\_\_\_\_

\_\_\_\_\_

2. Has your child ever been evaluated for, been recommended for, and/or received any kind of special educational services?

Yes  No If yes, please explain:

\_\_\_\_\_

3. Does your child have any learning disabilities or special learning needs you are aware of?  Yes  No

If so, please explain:

\_\_\_\_\_

4. Does your child require special classroom seating or accommodations of any kind? If so, please explain:  Yes  No

\_\_\_\_\_

5. Please list any physical disabilities, allergies, limitations on activities, and medications that pertain to your child's school life:

\_\_\_\_\_

6. Do you suspect any emotional or behavioral problems? If so, please explain:  Yes  No

7. Are you concerned about any speech or language difficulties? If so, please explain:  Yes  No  
\_\_\_\_\_
8. What special interests, hobbies, or talents does your child have? \_\_\_\_\_  
\_\_\_\_\_
9. Can your child:
- Write his/her name? \_\_\_\_\_
  - Recognize the number of objects in a group? \_\_\_\_\_
  - Count to 5? \_\_\_\_\_
  - Identify colors? \_\_\_\_\_ How many? \_\_\_\_\_
  - Button, snap, zip? \_\_\_\_\_
  - Perform bathroom/toilet duties by himself/herself? \_\_\_\_\_
10. Please indicate if your child is:  left-handed  right-handed  Both
11. Does your child speak clearly? \_\_\_\_\_
12. Does your child suck his/her thumb? \_\_\_\_\_
13. Is your child shy or outgoing? \_\_\_\_\_
14. Does your child cry easily? \_\_\_\_\_
15. What kinds of materials has your child played with?  
 crayons  clay  paints  scissors  puzzles  Other: \_\_\_\_\_
16. How often do you read to your child? \_\_\_\_\_
17. Does your child attend Sunday school and church regularly? \_\_\_\_\_
18. Has your child ever visited a zoo or other places of interest? \_\_\_\_\_
19. What pets are in your home and what are their names? \_\_\_\_\_
20. What are some of your child's favorite
- songs? \_\_\_\_\_
  - toys? \_\_\_\_\_
  - books? \_\_\_\_\_
  - TV shows? \_\_\_\_\_
  - games? \_\_\_\_\_
21. What kinds of things do you do as a family (for example, walking, camping, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**► PARENT/GUARDIAN AFFIRMATION**

My signature affirms that the information provided in this Student Application is complete and accurate.

Parent/Guardian's Signature

Date