

PERSONAL INFORMATION

NAME OF CHILD (IN BLOCK LETTER) :

FAMILY

Is it extended or nuclear?

Number of family members

Number of brothers

Sisters

Residence of the child for the last two years-Parents / Grand parents/Guardians /Boarding/Hostel.

HEALTH

Does the child (i) Wear spectacles? Yes / No

(ii) Use hearing aids? Yes / No

Has the child had a dental check-up? Yes / No

Has the child had (i) Measles Yes / No

(ii) Mumps Yes / No

(iii) Chicken Pox Yes / No

(iv) Jaundice Yes / No

(v) Any other illness.....

Immunisation vaccines taken by the child

(1)

(2)

(3)

Allergies

Height as on June 1st (cms)

Weight as June 1st kg)

Any other relevant matter which should be noticed by the school authorities

ACTIVITIES OF THE CHILD

Do you like

Drawing ? Yes / No

Painting ? Yes / No

Singing ? Yes / No

Reading ? Yes / No

Game ? (Specify which game) Yes / No

Cycling ? Yes / No

Swimming ? Yes / No

Anyp other