



Pre-Admission Questionnaire (Primary School)	
1. Name of the child	
2. Please tick:	□Male □ 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
<ol><li>Which language does the mother use when speaking to the child?</li></ol>	Others:
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?	
<ul><li>12. What is the family language?</li><li>(e.g. the language used by everyone during meal time)</li></ul>	
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 institutionfromto

16. Has your child repeated a grade?	Yes (Grade) No
17. Has your child skipped a grade?	Yes (Grade)
18. Does your child have siblings?	No 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.	<ul> <li>a) My child prefers to interact with other children.</li> <li>b) My child prefers to interact with adults.</li> <li>c) My child prefers to learn or play by herself/himself.</li> </ul>
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: \_\_\_\_\_

\_\_\_\_\_

Additional information