

PREVIOUS SCHOOL HISTORY

Has your child been separated from his/her parents for a lengthy period of time _____

Has your child participated in formal group situations (nursery school, Sunday school, etc)

If so was it a happy experience _____

Does your child accept separation from parents _____

Has your child ever receive testing (learning disabilities, psychological?) _____

If so by whom _____

PLEASE MAKE ARRANGEMENT FOR THE TEST RESULTS TO BE SUBMITTED
TO THE DIRECTOR

_____ Parent / Guardian

_____ Date