



IDENTIFICATION OF STUDENT AND PARENTS / LEGAL GUARDIANS

ÉLÈVE	Last name:		First name:	
	Other(s): <small>(As written on birth certificate)</small>			
	Date of birth:		Permanent Code: <small>(As indicated on report card)</small>	
	Place of birth: <small>(City, country, province if Canada)</small>			
	Mother tongue:		Language most spoken at home:	
	Religion :			
PARENT 1 Select one <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-binary	Last name:		First name:	
	Postal address:	<small>No, Street</small>		<small>Appt. No.</small>
		<small>Town</small>		<small>Postal Code</small>
		Email:		Cell.:
	Tel. home:		Tel. work:	
PARENT 2 Select one <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-binary	Last name:		First name:	
	<input type="radio"/> Check box if address is the same as that of PARENT 1			
	Postal address:	<small>No, Street</small>		<small>Appt. No.</small>
		<small>Town</small>		<small>Postal Code</small>
	Email:		Cell.:	
Tel. home:		Tel. work:		
▶▶▶ Correspondence to be sent to:	Parent 1 <input type="radio"/> Parent 2 <input type="radio"/> Both parents <input type="radio"/> Legal guardian, specify coordinates below: <input type="radio"/>		Guardian last name:	
			Guardian first name:	
	Postal address:			
	Email:		Tel. Home:	
			Cell.:	
▶▶▶ Do you have a child presently attending Vanguard School?	<input type="radio"/> Yes	Name of child attending Vanguard School: _____		
	<input type="radio"/> No	Level: <input type="radio"/> Elementary <input type="radio"/> High School		
N.B. The information provided will be part of the student record and will remain confidential. Admissions / Vanguard School, 5935, ch. de la Côte-de-Liesse, Saint-Laurent, QC, H4T 1C3 Tel. 514.747.5500 ext. 6317				
Form completed on: _____ Date		By: <input type="radio"/> Parent 1 <input type="radio"/> Parent 2 <input type="radio"/> Legal guardian		

FAMILY HISTORY

1. The child is living with: Both Parents Parent 1 Parent 2 Shared custody Other

2. Please specify the frequency of the shared custody.

3. If actual parents are not the natural parents, please explain.

4. If the parents are separated who is considered to be the legal guardian?

OTHER CHILDREN IN THE FAMILY	NAME	AGE	RELATION (brother, half-brother, etc...)	GRADE IN SCHOOL

MEDICAL HISTORY

PREGNANCY	1. Describe the mother's health during pregnancy:	
	2. Did the mother have any problems with her health during the pregnancy, such as:	
<input type="radio"/> Edema	<input type="radio"/> Nausea and vomiting beyond the third moth	
<input type="radio"/> Falls or fainting spells	<input type="radio"/> Other: _____	

BIRTH AND CHILDHOOD	1. Was the birth full term?		Yes <input type="radio"/>	No <input type="radio"/>
	2. If not, please indicate the number of weeks of pregnancy.			
	3. What was the baby's weight?			
	4. Were there complications at birth?		Yes <input type="radio"/>	No <input type="radio"/>
	If yes, please explain.			

2. What is the current health status?

3. Has he/she taken medication on a regular basis? Yes No

Name of medication: _____ Dosage: _____

Reason for taking it: _____

Doctor's name: _____

4. Is there any medication being given at this time? Yes No

Name of medication: _____ Dosage: _____

Reason for taking it: _____

Doctor's name: _____

5. Are there any health precautions that must be taken Yes No

	Yes	No	COMMENTS
6. Does he/she eat well?	<input type="radio"/>	<input type="radio"/>	
7. Does he/she sleep well?	<input type="radio"/>	<input type="radio"/>	
8. Does he/she wet his/her bed at night?	<input type="radio"/>	<input type="radio"/>	

9. Has your child been **TESTED** for?
(Please indicate the most recent one)

HEARING Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis:	

SIGHT Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis:	

HEARING Yes <input type="radio"/> No <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis:	
SPEECH Yes <input type="radio"/> Non <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis:	
NEUROLOGY Yes <input type="radio"/> Non <input type="radio"/>	Where?	
	When?	
	By whom?	
	Diagnosis:	

10. Is your child presently being treated by a specialist? If so, please complete the following table.

Name of specialist	
Address	
Phone number	
Reason of treatment	
Name of specialist	
Address	
Phone number	
Reason of treatment	
Name of specialist	
Address	
Phone number	
Reason of treatment	

Family

1. Please indicate any disorders affecting other members of the family that might be significant.
Also, indicate the relationship to the child

2. Is anyone in your family (grandparents, brothers, sisters, etc.) left-handed? If yes, what is the relationship to the child?

3. Has anyone in your family had an history of difficulty in learning to read or write or of general school difficulties?
Please explain and give the relationship to the child:

PERSONAL DEVELOPMENT

1. Comparing your child's development to the "average" child, please complete the following:

Activities	Fast	Average	Slow	Comments
Walking				
Running				
Climbing				
Buttoning				

Tying shoelaces				
Playing with toys				
Coloring				
Drawing				
Talking in sentences				
Understanding what is said				
Getting along with children his/her own age				

1. Please indicate your child's ability to deal with people:			
	Difficult	Average	Easy
With his/her parent 1			
With his/her parent 2			
With his/her sister(s)			
With his/her brother(s)			
With his/her teacher(s)			
With other children			

2. What are the personality strengths of your child?

3. What are some of your child's positive qualities, interests, preferred books and hobbies?

4. How does your child feel about himself?

SCHOOL HISTORY

1. Describe your child regarding his/her schoolwork.
2. Describe your child regarding his/her school behaviour.
3. With which problem are you most concerned regarding his/her academic level?
4. With which problem are you most concerned regarding his/her personal level?
5. What do you think is causing these problems?
6. How does he/she do his/her schoolwork at home? (Works by him/herself, needs your presence or help...).
7. How does your child feel about school?

This questionnaire was completed by: _____

Signature: _____ Date: _____

P.S. Do not forget to complete the attached form.

AUTHORIZATION OF THE RESPONSIBLE PARENT

I hereby authorize the person responsible for admissions at Vanguard School to communicate with the educators and professionals at the school my child currently attends in order to obtain supplemental information in relation to my child and his or her academic profile. This authorization will be valid throughout the period preceding my child's admission.

Signature: _____ Date: _____

Relationship to child: _____

ACADEMIC HISTORY

(Please fill out by beginning with the last school year of your child)

Year	School name	Grade	Language of instruction		Class Type		Additional service					Comments Academic Progress / Behaviour
			English (%)	French (%)	Regular	Special Class	Remedial Teacher	Social Worker	Speech Therapist	Psychologist	Other	
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