



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	
	Others:	
7. Which language does the mother when speaking to the child?	use	
8. Which language does the child use when speaking to the mother?	е	
9. Which language does the father u when speaking to the child?	se	
10. Which language does the child use when speaking to the father?	е	
11. Which language does the child use when speaking to siblings?	е	
12. What is the family language? (e.g. the language used by everyor during meal time)	ne	
13. Where has your child lived?	City/Country from to	
14. Has your child had previous schoo	oling? Yes No	
15. Please name the last three schools including nursery/ kindergarten/early learning center.		

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