



CARITAS DON BOSCO SCHOOL

Laguna Blvd., Laguna Technopark, Brgy. Biñan, Biñan City, Laguna 4024
Mailing Address: P.O. Box 39935, LTI Post Office, Sta. Rosa, Laguna 4026
Contact No. 0917-623-4841 / 0949-861-1270
www.caritasdonboscoschool.edu.ph

PARENT QUESTIONNAIRE (for Pre-Kinder and Kinder applicants)

TO THE PARENTS / GUARDIAN:

Kindly accomplish this form honestly. One of the bases for the applicant's admission is the information you will be providing. Thank you for your cooperation!

LEARNER INFORMATION

Name of the Applicant:

Family Name

First Name

Middle Name

Nick Name

Name of Present School:
(only if applicable)

Date of Birth:

Level Applying for:

School Year:

Please put an "X" mark in the box that
most accurately describes your child:

Always

Sometimes

Never

Can express oneself through words

☐☐☐

Can comfortably interact with other people
(adults/children)

☐☐☐

Can comprehend and follow instructions

☐☐☐

Can stay focused on doing an activity for
more than 10 minutes (e.g. playing,
listening, coloring)

☐☐☐

Can easily adapt to new people and
environment (e.g. play area, change of
guardian)

☐☐☐

Has temper tantrums

☐☐☐

1. Who is your child's usual companion at home?

2. What is your child's usual routine?

3. How does your child usually respond with agemates?

4. How does your child usually respond to people with authority (e.g. guardians, teachers)?

5. Do you have any concerns about your child's development or behavior?

6. Does your child have special needs/had been diagnosed with special needs? ____ Yes ____ No

If yes, kindly indicate the diagnosis below and submit a copy of the recent progress report.

☐ I hereby certify that all information supplied for _____
(applicant's complete name)
in this form is complete, true, and correct.

Name: _____ Relationship to the applicant: _____ Date: _____

Signature: _____ Contact Number: _____ Email: _____

Please send this form to this email address: cdbsadmissions@gmail.com