



**IDENTIFICATION OF STUDENT AND PARENTS/LEGAL GUARDIANS**

<b>STUDENT</b>	Last name:		First name:	
	Other(s): <small>(As written on the birth certificate)</small>			
	Date of birth:		Permanent code: <small>(As indicated on report card)</small>	
	Place of birth: <small>(City, country, province if in Canada)</small>			
	Mother tongue:		Language most spoken at home:	
	Religion:			
<b>PARENT 1</b> 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>City</small>		<small>Postal Code</small>
		Email:		Cell.:
	Tel. home:		Tel. work:	
	<b>PARENT 2</b> 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>City</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 (Secondary)		
<b>N.B. The information provided will be part of the student record and will remain confidential</b> <b>Admissions / Vanguard School, 5935, ch. de la Côte-de-Liesse, Saint-Laurent, QC, H4T 1C3</b> <b>Tel.: 514.747.5500 ext. 6317</b>				
Form completed on: _____ <small>Date</small>		By: <input type="radio"/> Parent 1 <input type="radio"/> Parent 2 <input type="radio"/> Legal guardian		

<b>FAMILY HISTORY</b>	
1.	The child is living with: Both Parents <input type="radio"/> Parent 1 <input type="radio"/> Parent 2 <input type="radio"/> Shared custody <input type="radio"/> Other <input type="radio"/>
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?
5.	Has anyone in your family had a history of difficulty in learning to read or write or of general school difficulties? Please explain and give the relationship to the child.

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

<b>MEDICAL HISTORY</b>			
<b>PREGNANCY</b>	1. Were there complications during the pregnancy?	Yes <input type="radio"/>	No <input type="radio"/>
	If yes, please explain.		

<b>BIRTH AND CHILDHOOD</b>	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.		



**HEALTH**

5. Has your child been **EVALUATED** for:  
(Please indicate the most recent one)

**NEUROLOGY**

Yes  No

Where?

When?

By whom?

Diagnosis:

**SPEECH**

Yes  No

Where?

When?

By whom?

Diagnosis:

**HEARING**

Yes  No

Where?

When?

By whom?

Diagnosis:

**PSYCHOLOGY**

Yes  Non

Where?

When?

By whom?

Diagnosis:

**PSYCHIATRY**

Yes  No

Where?

When?

By whom?

Diagnosis:

**SPECIAL  
EDUCATION**

Yes  No

Where?

When?

By whom?

Diagnosis:

**SIGHT**

Yes  No

Where?

When?

By whom?

Diagnosis:

**HEALTH**

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

1	Kind of specialist	
	Name of specialist	
	Date (the most recent one)	
	Address	
	Phone number	
	Reason of treatment	
	Frequency	
2	Kind of specialist	
	Name of specialist	
	Date (the most recent one)	
	Address	
	Phone number	
	Reason of treatment	
	Frequency	
3	Kind of specialist	
	Name of specialist	
	Date (the most recent one)	
	Address	
	Phone number	
	Reason of treatment	
	Frequency	
4	Kind of specialist	
	Name of specialist	
	Date (the most recent one)	
	Address	
	Phone number	
	Reason of treatment	
	Frequency	

## PERSONAL DEVELOPMENT

1. Do you perceive your child as:

	Yes	No	COMMENTS
Motivated to learn	<input type="radio"/>	<input type="radio"/>	
Curious	<input type="radio"/>	<input type="radio"/>	
Responsible	<input type="radio"/>	<input type="radio"/>	
Perfectionist	<input type="radio"/>	<input type="radio"/>	
Overly sensitive when something goes wrong	<input type="radio"/>	<input type="radio"/>	
Having difficulty expressing his message	<input type="radio"/>	<input type="radio"/>	
Having difficulty understanding what is said to him	<input type="radio"/>	<input type="radio"/>	
Having difficulty with fine motor activities (cutting, writing)	<input type="radio"/>	<input type="radio"/>	
Having difficulty with gross motor activities (swimming, jumping)	<input type="radio"/>	<input type="radio"/>	
Lethargic	<input type="radio"/>	<input type="radio"/>	
Inattentive: easily distracted by noise	<input type="radio"/>	<input type="radio"/>	
Inattentive: daydreams	<input type="radio"/>	<input type="radio"/>	
Overly sensitive to noise	<input type="radio"/>	<input type="radio"/>	
Hyperactive	<input type="radio"/>	<input type="radio"/>	
Impulsive	<input type="radio"/>	<input type="radio"/>	
Oppositional/defiant	<input type="radio"/>	<input type="radio"/>	
Having temper tantrums	<input type="radio"/>	<input type="radio"/>	
Aggressive	<input type="radio"/>	<input type="radio"/>	
Withdrawn	<input type="radio"/>	<input type="radio"/>	
Anxious or nervous	<input type="radio"/>	<input type="radio"/>	
Depressed	<input type="radio"/>	<input type="radio"/>	
Sensitive to changes in routine	<input type="radio"/>	<input type="radio"/>	
Sensitive to the feelings of others	<input type="radio"/>	<input type="radio"/>	
Being sociable and having friends	<input type="radio"/>	<input type="radio"/>	

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?

<p>This questionnaire was completed by: _____</p> <p>Signature: _____ Date: _____</p>
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**P.S. Do not forget to complete the attached form.**

<p><b>AUTHORIZATION OF THE RESPONSIBLE PARENT</b></p> <p>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.</p> <p>Signature: _____ Date: _____</p> <p>Relationship to child: _____</p>
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## 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	
20__ - 20__												
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