



STUDENT LEARNING PROFILE

Complete both sides, one per child you are registering.

Student First Name: _____ Student Last Name: _____

Name to use in class: same as above or _____

FULL DISCLOSURE

Complete disclosure of all information about the applicant's learning strengths and weaknesses is essential for the school to ensure that the applicant can be properly accommodated. Failure to disclose pertinent information may result in the repealing of the applicant's admission or enrollment status. This caveat is a means to protect the integrity of the learning environment for both the current student community and for the student applicant. Failure to disclose information may result in situations where Surrey Christian School is unable to properly plan for and provide adequate resources or staffing.

Pertinent information includes, but is not limited to: resource needs, professional clinical or health assessments, medical health issues, behavioural challenges and past or present circumstances that, in the opinion of the administration directly impacts the overall well being of the applicant, our staff and the current student body.

I have read and understood the above information regarding Full Disclosure: Yes

What are your hopes and dreams for your son/daughter?
What are your child's strengths? Please speak to academics, social as well as adjusting to new situations.
What are your child's challenges? Please speak to academics, social as well as adjusting to new situations.
What are your child's passions?
Describe your child's personality?
Describe your child's learning experience to date.
What is the primary language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Japanese Other: _____
Please check below if your child has any conditions that may require emergency medical treatment. We will require you to complete a medical release form from the school office so that we may add a medical alert to your child's Permanent Record card. <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Other _____ Does your child have an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your child takes medication regularly on a long-term basis, please indicate the name, dosage, and reason (medical condition) for taking the medication. You will need to complete a "Medical Condition/Medication Authorization Form" which is available upon request from the school office.

Continued on reverse



STUDENT LEARNING PROFILE (cont.)

What other medical information would help us better understand your child? (Allergies, hearing, vision, development).

Has your child received any of the following services?

- Child Development Centre Speech Therapy English Language Support
 Occupational Therapy Learning Support Counselling
 Psycho-educational Testing Other: _____

If yes, please attach copies of applicable reports.

GRADE 1-12 ENROLLMENT ONLY

Does your child have an Individualized Education Plan (IEP), Learning Plan or Behaviour Plan? Yes No If yes, please attach copies.

Has your child been involved with Learning Assistance or Enrichment? If yes, in what areas? Yes No

How many days of school did your child miss last year? Explain.

Has your child ever repeated a grade, been retained, or been suspended? If yes, please explain. Yes No

KINDERGARTEN ENROLLMENT ONLY

If we were to offer part time Kindergarten would you prefer that option over full time? Yes No

Handedness of child: Right Left Unknown

Please describe other group experience your child has had (preschool, daycare etc.)

List below all children in your family in chronological order.

Name	Grade in Sept. 2019 if applicable	Name of school presently attending if applicable