

This Parent Form should be completed by parents of Nursery, Pre-Kindergarten and Kindergarten students.

Student Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

1. What does your child like to do the most?  
\_\_\_\_\_
2. Is there anything that your child does not like to do?  
\_\_\_\_\_
3. Is there anything that frightens your child?  
\_\_\_\_\_
4. Does your child know anyone at WAB already?  Yes  No If YES, who? \_\_\_\_\_
5. Can your child do the following:
 

Hold a pencil	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use scissors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Colour in between lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has your child ever been away from you before (had a baby sitter, been to day care or parties by themselves)? Please give examples.  
\_\_\_\_\_  
\_\_\_\_\_
7. Can your child recognize his/her name?  Yes  No
8. Can your child write his/her name?  Yes  No
9. What language do you use when you read to your child? \_\_\_\_\_
10. Is your child confident to speak to others outside of family or close friends?  Yes  No
11. Is your child toilet trained?  Yes  No

**LANGUAGE HISTORY**

WAB does not limit the number of students requiring ESOL support in Nursery, Pre-Kindergarten or Kindergarten. However, some information about your child's experience of English will help with class placement.

1. Has your child ever attended a school with English language instruction? (if yes, please give details)  Yes  No  
\_\_\_\_\_
2. Does your child play with English-speaking children? (if yes, please give details)  Yes  No  
\_\_\_\_\_
3. Please check ONE of the boxes below. My child:
 

<input type="checkbox"/> Speaks English as a primary language	<input type="checkbox"/> Speaks or understands a little English
<input type="checkbox"/> Is new to English	<input type="checkbox"/> Speaks and understands a lot of English
<input type="checkbox"/> Has been exposed to English	
4. Father's primary language: \_\_\_\_\_ Mother's primary language: \_\_\_\_\_
5. What language do you use to speak with your child? \_\_\_\_\_
6. What language do they reply in? \_\_\_\_\_