



**MULTIPLE INTELLIGENCE SCHOOL (SUVA
FIJI)**

Tel: 996 2251, Fax: 337 3122 Email: info@intelligencefiji.org

Enrollment & Personal Information Folder

This information helps us to understand your child better. If there are questions you feel are not appropriate or not applicable then please leave it blank. We can always ask if we still think it's important. Please do however fill out the questions in the blue boxes.

Name of Child _____
Last or Family name First Name Middle Name

Child's Age: _____ Birth date _____ Birthplace _____

Sex: M___ F___ Nationality _____ Religious Affiliation _____

Home Phone Work Phone/Father Work Phone /Mother

Mailing Address _____

Home Address _____

Father's email address _____

Mother's email address _____

Mother (or Guardian) Full name _____

Occupation: _____ Employer _____

Business Address _____

Father (or Guardian) Full name _____

Occupation _____ Employer _____

Business Address _____

Marital status of Parents:	If Child Is Adopted:
Married ___ Living Together _____	Age at adoption? _____
Step father _____ (How long?)	Does child know he is adopted? _____
Step mother _____ (How long?)	Remarks: _____

Separated? _____ (How Long?) _____

Divorced? _____ (How Long?) _____

Remarks: _____

Custody / Visiting arrangements:

Information on others living in the household

Name: _____ Age: _____ Relationship to child: _____

Please comment on the following:

Favourite activities _____

Least favourite activities _____

Personality and temperament

Child Information Form completed by _____

Relationship to child: _____

I have read the **Centre's Handbook** and understand its contents

Signed by

Date _____

Health History

What past illnesses has she/he had? . At what age?

Chicken pox _____ Scarlet fever _____ Diabetes _____ Mumps _____

Measles _____ Other _____

Does child have frequent cold? Explain

Tonsillitis? _____ Ear-ache? _____ Stomach aches? _____

Does she/he vomit easily? _____ Does she/he run high fevers easily? _____

Is child allergic? _____ If so, how does it usually manifest itself?

Asthma _____ Hay fever _____ Hives _____ other _____

Do you know what his allergy is caused by?

Does your child suffer from food allergies or other illness that the school needs to be aware of?

Has your child ever been to a dentist? _____.

Has she/he had her/his vision tested? _____ Hearing tested _____.

Does she/he wear corrective shoes? _____.

Please give a statement of your evaluation of you child's overall health, or anything else that we should know about.