



Willoughby Elementary



Student Information

Dear Parents, your knowledge about your child's learning style, and their strengths and interests will be very valuable to us as we form next year's classes. Please take a few moments to tell us about your child. Thank-you!

CHILD'S FIRST NAME: _____ **LEGAL LAST NAME:** _____ **Gr** _____ (Grade registering for)

Child's birthdate is: _____ **Gender:** _____ **Preferred Gender:** _____
(Day/Month/Year)

Parent/Guardian Full Name: _____ **Relationship to child:** _____

My child has: _____ no siblings _____ siblings _____
(Please list name & ages & grades)

If applicable – **Previous school was** _____ **located in** _____ (City/Prov/Country)

Primary language spoken at home is: _____ **My child may need English Language Learner support:** ____ YES ____ NO

When it comes to new experiences, would you say that your child is: ____ confident ____ hesitant, but will try ____ reluctant

Please tell us about any special learning or health needs that your child may have (IEP/Special Needs; life threatening allergies/chronic medical condition):

Please tell us about any community support services your child is accessing:

Please describe some favourite activities that can hold your child's interest:

What are some of your child's strengths?

Does your child know any other students entering/attending Willoughby Elementary? If yes, please tell us who they are. Let us know if you think any of these children would be good learning partners for your child.