



# **FAITH INTERNATIONAL ACADEMY**

## **STUDENT INFORMATION SHEET**

to be held as confidential information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Expected Grade of Entry \_\_\_\_\_  
(mm/dd/yy)

In order to help your child succeed at Faith International Academy, please take the time to provide us with the following information regarding your child's past and present experiences. Thank you.

**ACADEMICS (please check if applicable)**

**Comments:**

Ability Grouping	_____	_____
Accelerated/Gifted/Advanced Classes	_____	_____
Additional Classroom Assistance	_____	_____
Alternative Programs	_____	_____
Foreign Languages Studied	_____	_____
Occupational Therapy	_____	_____
Physical Therapy	_____	_____
Pull-Out Programs	_____	_____
Special Education Services	_____	_____
Speech Therapy	_____	_____
Tutorial Help	_____	_____
Other	_____	_____

Does your child have special learning needs?  Yes  No

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

How are these needs being met? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES**

(please check if applicable)

**Comments:**

Choir	—	_____
Clubs	—	_____
Dance	—	_____
Drama	—	_____
Martial Arts	—	_____
Ministry Outreach	—	_____
Musical Instruments	—	_____
Scouts	—	_____
Sports	—	_____
Other	—	_____

**EDUCATIONAL HISTORY**

Please list your child's educational history, starting with the most recent. Include details of home schooling and any breaks in your child's education.

School city and country	Language of Instruction	Dates of attendance from – to	Age(s) Grade(s)

**Additional comments:**