



# Faith International Academy

## STUDENT INFORMATION SHEET

(to be held as confidential information)

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Applying: \_\_\_\_\_  
(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 mark the boxes if applicable):

Comments:

- |                                     |                          |       |
|-------------------------------------|--------------------------|-------|
| Ability Grouping                    | <input type="checkbox"/> | _____ |
| Accelerated/Gifted/Advanced Classes | <input type="checkbox"/> | _____ |
| Additional Classroom Assistance     | <input type="checkbox"/> | _____ |
| Alternative Programs                | <input type="checkbox"/> | _____ |
| Foreign Languages Studied           | <input type="checkbox"/> | _____ |
| Occupational Therapy                | <input type="checkbox"/> | _____ |
| Physical Therapy                    | <input type="checkbox"/> | _____ |
| Pull-Out Programs                   | <input type="checkbox"/> | _____ |
| Special Education Services          | <input type="checkbox"/> | _____ |
| Speech Therapy                      | <input type="checkbox"/> | _____ |
| Tutorial Help                       | <input type="checkbox"/> | _____ |
| Other                               | <input type="checkbox"/> | _____ |

Does your child have special learning needs?  Yes  No

If yes, please specify:

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

How are these needs being met?

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

**EXTRA-CURRICULAR ACTIVITIES** (please mark the boxes if applicable):

Comments:

Choir	<input type="checkbox"/>	_____
Clubs	<input type="checkbox"/>	_____
Dance	<input type="checkbox"/>	_____
Drama	<input type="checkbox"/>	_____
Martial Arts	<input type="checkbox"/>	_____
Ministry Outreach	<input type="checkbox"/>	_____
Musical Instruments	<input type="checkbox"/>	_____
Scouts	<input type="checkbox"/>	_____
Sports	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

**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.

<b>SCHOOL City and Country</b>	<b>Language of Instruction</b>	<b>Dates of Attendance from – to</b>	<b>Ages</b>	<b>Grade(s)</b>

**Additional comments:**