MINISRY OF EDUCATION
Preschool Student Information
(please print the following information)

Name of Student:_____
Last First Middle

Date of Birth:_____/_____/_____ Previous Nursery:_____
Day Month Year

Adress:_____

_____

Mother's Name:_____

Place of Employment:_____

Telephone No.:_____(Home) _____(Work) _____(Cell) _____(email)

Father's Name:_____

Place of Employment:_____

Telephone No.:_____(Home) _____(Work) _____(Cell) _____(email)

Emergency Contact Name:_____

Relationship to child:_____

Telephone No.:_____(Home) _____(Work) _____(Cell) _____(email)

Name and age of Brother(s)

_____

_____

Name and age of Sister(s)

_____

_____

Does your child use the toilet independently? ☐ Yes ☐ No

Does your child need help dressing / Undressing? ☐ Yes ☐ No

Is your child right handed? ☐ or left handed? ☐

Please identify any fears your child may have?_____

Please identify any foods your child does not eat?_____

Indicate the language spoken at home ☐ English ☐ Portuguese ☐ Other_____

Indicate how your child relates to:	Well	Poorly	Do not know
a) Adults	☐	☐	☐
b) Children of his/her own age	☐	☐	☐
c) His/her brothers or sisters	☐	☐	☐
d) New situations	☐	☐	☐

Name of Medical Doctor:_____ Telephone No.:_____

Does your child have any special needs in the following areas?

☐ Visual ☐ Speech ☐ hearing ☐ mobility

Does your child require any special medical attention? Please explain:_____

_____

Current prescribed medication:_____

Please identify any allergies your child has:_____

Does your child receive fluoride? ☐ Yes ☐ No

Will your child attend the AFTERSCHOOL CARE PROGRAMME, if the service is available at the preschool? ☐ Yes ☐ No

Name of person / service that will collect your child in the afternoon:_____

Relationship to child:_____

Telephone No.: _____(Home) _____(Work) _____(Cell)

Do you give permission for your child to:	Yes	No
(1) Be taken off school premises for educational purposes?	☐	☐
(2) Be taken to the clinic/hospital in the case of an emergency?	☐	☐
(3) Have his/her photograph taken?	☐	☐
(4) Have their image shared on School or Ministry of Education Social Media Platforms?	☐	☐

Signature of Parent/Guardian:_____ Date:_____