

VERITA INTERNATIONAL SCHOOL

Application for Interview for Key Stages 1, 2 and 3

Thank you for your interest in Verita International School. Please complete and return the following application. Upon our receipt of your application, you will be contacted to arrange a time for a meeting. We invite both parents and the child concerned to be present. Thank you for taking the time and effort to answer with such detail about your family and child history. This application helps us create a personalized and tailor-made academic approach, allowing us to get a complete picture of your child and understand his/her needs and background. Please rest assured that all information will be kept strictly confidential.

Applying for School Year: _____ Year: _____ Today's Date: _____ (dd/mm/yyyy)

Full Name of Child: _____ Date of Birth: _____ Gender: M / F (circle one)

Family Picture:

1) Parent/Guardian's Full Name: _____ Home Phone: _____

Relationship to Child: _____ Mobile Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Email: _____ Parent's Birth Date: _____

2) Parent/Guardian's Full Name: _____ Home Phone: _____

Relationship to Child: _____ Mobile Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Email: _____ Parent's Birth Date: _____

How did you learn about Verita International School?

If your child does not live with both parents, please describe the child's living situation; include custodial and visitation arrangements and other adults living in the home:

Please list the names, ages, and gender of other children in the family:

Languages spoken in the home:

Is there anything you would like to add to the family picture?

How long have you lived in Bucharest?

Religious or spiritual affiliation:

What are the activities enjoyed most by your child?

Previous schools/daycare facilities attended: Name, address, dates and reason for transfer. Please begin with the most recent school.

Name of School: _____ Final Grade or Year: _____ Dates Attended: _____

Reason for transfer: _____

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Has your child ever undergone psychological, developmental, or educational testing or treatment? Yes / No

If so, please describe:

Where: _____

Does your child have any special needs or fears? If so, please describe:

Does your child have any behaviors / habits that we should be aware of? Yes / No

If so, please describe:

Is there anything you would like to add about activities and schooling?

Child's Early History

Events in children's earliest years can have both subtle and profound effects on their later life. While some of the following questions may not seem to apply to your child's current situation, they are designed to bring parents and teachers together in forming the broadest possible picture of your child's development and daily life.

Approximate birth weight? _____ Bottle or breast fed? How long? _____ When did your child begin to crawl? _____

When did your child begin to walk? _____ At what age had your child completed toilet training? _____

Describe language development: (e.g. age of first words, sentences) _____

Have you moved during the child's life? How many times and what age was the child? _____

Have there been other significant caregivers of the child besides the parents since birth? Describe. _____

Did your child experience any early psychological or physical trauma? If so, please describe _____

Is there anything you would like to add about your child's history? _____

Was your child adopted? _____ If so, at what age? _____ Does your child know? _____

Parent's Evaluation of Child's Health

Does your child have any health problems of which we should be aware (e.g. asthma, frequent fevers of $+39^{\circ}\text{C}$, common nosebleeds?)

Any relevant family medical history: _____

Does your child have any other physical characteristics that might require special attention? If yes, please explain: _____

Specify any medical diet restrictions: (sugar, meat, dairy) _____

Describe the child's diet and eating habits (picky, eager, etc.) from birth to present: _____

Please indicate the illnesses your child has had, and at what age:

Chicken pox _____ Whooping Cough _____ Scarlet Fever _____ Ear infections _____ Seizures _____

Tuberculosis _____ Hepatitis _____

Has your child had any serious injuries, illnesses, accidents, or surgery? If so, please describe briefly: _____

Has your child had a medical check -up? If so, when and where? _____ A hearing and/or a vision exam? _____

Does your child have allergies? _____ Please describe: _____

Is your child on any medication? _____ For what condition? _____

Is there anything you would like to add about your child's health? _____

Home Life

Describe your child's rhythm: (meals, bedtime, story-time, chores, baths, etc.) _____

What meals do you share together as a family? _____

What is your child's bedtime on weekdays? _____ On weekends? _____

Does your child have any trouble falling or staying asleep? _____

How does your child wake up in the morning? _____

What kind of music do you and your child listen to at home? _____

Average hours of radio/recorded music listening on weekdays _____ On weekends? _____

Does your child use a computer or video games? _____ How often? _____ For how long? _____

Average hours of television and/or DVD/video viewing on weekdays _____ On weekends? _____

If age-appropriate alternatives were suggested, would you consider working together with the school in reducing TV/Video games hours: _____

In a paragraph, please try to give a picture of your child: his or her interests, strengths, tendencies, outstanding characteristics, etc. _____

Do you have any questions regarding the curriculum or Verita International School? _____

All information will be kept confidential.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Please return to:

Verita International School

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The Verita School is an independent, private and nondiscriminatory school.