

**RHENISH PRIMARY SCHOOL QUESTIONNAIRE FOR RR AND R
APPLICATIONS**

Answer these questions honestly.

Full name of child:

Has the child had any of the following? Please encircle. Chicken-pox, Diphtheria, Enteric Fever, Measles, Mumps, Rubella (German Measles), Scarlet Fever, Whooping cough, Malaria, Rheumatic Fever.

State (if any) the operations which the child has undergone, when and for what purpose:

Is the child using any medicine or pills?

Does the child have any problems with the following:

Urination?

Please note that all children need to be fully toilet-trained upon admission to Rhenish Primary School.

Sight?

Speech?

At what age did the child start talking?

At what age did the child start walking?

Name any problems experienced pre-natal or during the child's birth:

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Has the child ever had a serious accident? If so, give details:

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Please provide information about the child's eating and drinking habits:

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At what time does the child go to bed?

Does the child have many, few or no stories read or told to him/her at home?

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Any other information regarded as important?

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Is there any problem which you would like to discuss confidentially?

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Information supplied by:

Date:.....