



# COMMONWEALTH-PARKVILLE SCHOOL

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Web Site: [www.cpspr.org](http://www.cpspr.org)

## COMMONWEALTH CAMPUS

Grades 7-12  
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## PARKVILLE CAMPUS

Grades PPK-6  
Alabama Final  
Urb. Parkville  
Guaynabo, P.R. 00969  
Tel (787) 720-3992 Fax (787) 272-8150

## PARENTS QUESTIONNAIRE Grades 2nd – 11th

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Grade for Academic Year 20\_\_ - 20\_\_

Date of Birth: \_\_\_\_\_

Person(s) filling out this questionnaire: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

### I. ACADEMIC BACKGROUND

A. School(s) previously attended and grades:

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

B. School(s) changes. Why? \_\_\_\_\_

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

C. Grade(s) repeated, if any, and why:

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

D. Student's first language: \_\_\_\_\_ Other languages: \_\_\_\_\_

E. Language of instruction in previous schools: \_\_\_\_\_

F. Learning experiences in English language other than school: \_\_\_\_\_

G. Has Spanish been studied in previous school years? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

H. Has the student been evaluated or recommended for an evaluation in areas related to the learning process besides Standardized Academic Achievement Testing? \_\_\_\_\_

If so, please check which test(s): Psycho-educational \_\_\_\_, Speech \_\_\_\_, Occupational \_\_\_\_, Others \_\_\_\_.

If so, please specify: \_\_\_\_\_

\_\_\_\_\_

Any recommendations as a result of these tests? \_\_\_\_\_ If so, please attach copy.

I. Is the student being tutored in academic areas? \_\_\_\_ Yes \_\_\_\_ No

If yes, in what subjects? \_\_\_\_\_

K. Has the student previously been placed in Social/Academic Probation? \_\_\_\_ Yes \_\_\_\_ No

If yes, which school and explain: \_\_\_\_\_

\_\_\_\_\_

L. Has the current school offered re-enrollment to your child for the next academic year? Yes \_\_\_\_ No \_\_\_\_

II. HEALTH HISTORY

- A. Are there outstanding health problems we should be aware of? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. Is the student able to participate in our Physical Education Program without restrictions? \_\_\_\_\_ If no, please fill out special release form. (See school secretary)
- C. Is the student receiving medications on a regular basis? \_\_\_\_\_ If so, what is (are) and why? \_\_\_\_\_  
\_\_\_\_\_
- D. Is student allergic? \_\_\_\_\_ If yes, to what? \_\_\_\_\_
- E. Has student had recent: Hearing test \_\_\_\_\_ Eye vision test \_\_\_\_\_  
If so, were there any recommendations? \_\_\_\_\_  
\_\_\_\_\_
- F. Has the student been evaluated by a professional in the social-emotional areas? \_\_ Yes \_\_ No
- G. If yes, where there any recommendations? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

III. FAMILY BACKGROUND

- A. Number of children \_\_\_\_\_ Ages \_\_\_\_\_
- B. Parents marital status: \_\_\_\_\_
- C. Child lives with: \_\_\_\_\_
- D. Where has the student lived throughout his/her life? \_\_\_\_\_

IV. SOCIALIZATION SKILLS

- A. Activities outside school environment: \_\_\_\_\_  
\_\_\_\_\_
- B. How does the student relate to:
1. Peer group: \_\_\_\_\_
  2. Teachers: \_\_\_\_\_
  3. Parents: \_\_\_\_\_

V. OTHERS

- A. Who referred the student to CPS? \_\_\_\_\_
- B. Why was the referral made? \_\_\_\_\_
- C. Who initiated the school change? \_\_\_\_\_ Why? \_\_\_\_\_
- D. Have you applied to Commonwealth-Parkville School before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_

The acceptance of a student depends upon entrance test results, availability of space in the school, a satisfactory conduct report, and academic achievement from the school previously attended. Final acceptance is pending receipt of end of the year grades.

Acceptance of student is based on a *full disclosure* of the requested information. If a student is asked to withdraw from the school based upon the lack of full disclosure of information, the school will not refund fees paid to enroll student.

By my signature below I certify that the information provided as part of the application process is true, complete and correct to the best of my knowledge. I agree that any falsification of information, misrepresentation or omission of facts may result in a denial or revocation of admissions or dismissal from the school.

\_\_\_\_\_  
Parent's Signature