



Commonwealth-Parkville School

P.O. Box 70177
San Juan, P.R. 00936-8177
Web Site: www.cpspr.org

COMMONWEALTH CAMPUS

Grades 7-12
Calle Castillo Esq. Antolin Nin
Urb. Roosevelt
Hato Rey, P.R. 00918
Tel (787) 765-4411 Fax (787) 764-3809

PARKVILLE CAMPUS

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

PARENTS QUESTIONNAIRE Grades PPK –1st Grade

Date: _____ Grade Applying: _____ Academic Year: _____

CHILD INFORMATION

Name: _____ Male Female

Home Address:

Phone () _____ Date of Birth _____

Who is completing this Parents Questionnaire?

____ Mother ____ Father ____ Guardian ____ Caregiver ____ Other Relative (specify)

____ Other (specify) _____

PRE-SCHOOL/CHILD CARE HISTORY

- Has your child attended pre-school/childcare before? ____ Yes ____ No
- If yes, for how long? __ 6 months __ 1 year __ 2 years __ more than 2 years
- Name of child's present or most recent school

MEDICAL HISTORY

BIRTH

- Were there any significant problems during pregnancy? ____ Yes ____ No

If yes, please explain:

- At the moment of birth, did the baby have seizures? ____ Yes ____ No
turn blue? ____ Yes ____ No

- In what ways is your child different from other children?

- What are your child's favorite play activities and interests?

- How does your child get along with other children? _____
- How does your child get along with other adults? _____
- What is your child's biggest discipline problem?

- How do you discipline your child?

- How do you think your child will adjust to school?

- Is your child right or left handed? _____
- Is your child fully toilet trained? _____ Yes _____ No

Requirements for admissions: **THE STUDENT MUST BE TOILET TRAINED**

Required age for admission:

- PPK 3 years old on or before August 31st
- Pre-Kinder 4 years old on or before August 31st
- Kinder 5 years old on or before August 31st

ACADEMIC BACKGROUND

- School's Name
 - a. Nursery _____
 - b. Pre-Kinder _____
 - c. Kindergarten _____
 - d. First Grade _____

- Change (s) of school – why? _____
- Grade (s) repeated? If yes, why? _____

- Student's first language: _____
- Language of instruction in previous school (s) (if different) _____
- Experience(s), other than school, of learning in the English language: _____

- Has any professional evaluation(s) being administered or recommended to your child? ___ Yes ___ No
If yes, please name and submit a copy to the Admissions Office:

- Were there any types of therapy (ies) or follow-up evaluations? _____ Yes _____ No

If yes, please explain:

- Have you applied to Commonwealth-Parkville School before? ___ Yes ___ No
If yes, when? _____
- Why have you chosen CPS? Who referred student to CPS?

The acceptance of a student depends upon entrance test results, availability of space in the school, as satisfactory conduct report and academic achievement from the school previously attended, previous teacher questionnaire, and prior reports of professional evaluations. 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 the student is asked to withdraw from school based upon the 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