

Roenne's School Inc.  
Information Survey

Please complete the following survey to help us make the best placement for your child.

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

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

- 1). Pre-School Experience Yes \_\_\_\_\_ or No \_\_\_\_\_  
If Yes, how long? \_\_\_\_\_
- 2). Previous elementary or pre - School \_\_\_\_\_  
Address \_\_\_\_\_
- 3). What are your child's interests? \_\_\_\_\_  
\_\_\_\_\_
- 4). What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_
- 5). In what out-of-school activities does your child participate?  
\_\_\_\_\_  
\_\_\_\_\_
- 6). Does the child have a quiet area in the home to read and do homework? \_\_\_\_\_
- 7). What day and time are you available for volunteer work? \_\_\_\_\_
- 8). Is there anything else you would like for the school to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information from this survey will not be released to anyone other than the staff of Roenne's School.