IMS PARENT QUESTIONNAIRE

Please take a few moments to introduce your child to us through this questionnaire. The information you provide will be shared with our admissions committee and faculty members who will be working with your child. Please complete and upload this form onto your online application as a compulsory document.

A. CHILD'S LANGUAGE AND SCHOOL'S INFORMATION

Child's Full Name (In English) : _____ _____ Child's Date of Birth: _____
(First name) (Last name) (DD/MM/YYYY)

Child's First Language: ☐ English ☐ Mandarin ☐ Other(s):_____
Child's Second Language (if any): ☐ English ☐ Mandarin ☐ Other(s): _____
English Proficiency: ☐ Fluent ☐ Moderate ☐ Beginner
Mandarin Proficiency: ☐ Fluent ☐ Moderate ☐ Beginner

Child's Current / Previous School (s) Attended: (Please indicate if Montessori school)

From (Mth / Yr)	To (Mth / Yr)	Name of School	City/ Country	Language of Instruction

Please provide details of your child's siblings (if any):

Name	Gender	DOB (DD/MM/YYYY)	Name of School

B. QUESTIONNAIRE FOR PARENTS

1. What educational goals do you have for your child?

2. How do you see IMS assisting you in meeting these goals?

3. How would you describe your child's personality and learning style?

4. What do you see as your child's greatest strengths?

5. Please specify any physical, emotional or educational needs for your child. If your child has been recommended for speech/language or other therapy or assessment, please attach the relevant reports.

6. Please specify medical alerts (seizures/ migraines etc) or allergies (to food /medicine) your child may have.

7. How does your family spend time together?

8. As a member of a parent-involved school, what talents, interests, and resources can you share to enhance the IMS community? (If applicable, were you involved in the Parent Teacher Association of your child's previous school?)

End of Questionnaire.
Thank you for taking the time to fill out this questionnaire!