Primary/Secondary Questionnaire

Dear parents,

Please take a moment to answer the questions below. This gives the school information and serves as a first guide in order to be sure we are able to offer the best education your child needs.

Thank you!

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| **Name and surname of your child:** |  |
| **Date of birth (and age):** |  |
| **Name, e-mail, phone number of the mother:** |  |
| **Name, e-mail, phone number of the father:** |  |

**PREVIOUS EDUCATIONAL EXPERIENCE**

Please name the previous schools (incl. nurseries, preschools, home schooling etc.) and length of time spent there.

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Please name the afterschool activities your child has taken part in?

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**IMPORTANT MEDICAL INFORMATION**

Is there anything in your child’s medical history we should know about (e.g., allergies)?

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**FAMILY AND RELATIONS**

What are the values that are important in your family?

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What does your family do together?

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Please describe the responsibilities of your child at home.

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How does your child get along with other children?

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Has your child been involved in bullying at any time in his/her previous schools? How was it solved for your child?

**DEVELOPMENT, PERSONALITY AND LIKES**

How would you describe your child?

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What are the activities your child enjoys? Does he/she prefer to do them alone or with others?

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What are your child’s strengths?

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What are the areas you feel your child needs to improve in?

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Please describe your expectations for your child’s development.

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**RULES, ROUTINES AND FREE TIME**

What does your child do during his/her free time? (Please describe a typical day during the week)

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Please describe the rules your child has to follow at home.

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How motivated is your child to learn? What motivates him/her?

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**EXPECTATIONS**

Why is your family interested in our school? Describe your expectations to our school.

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What are the important values you expect our school to support?

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How do you see the collaboration between home and school?

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How would you see your contribution to our school community?

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Do you have any concerns or information that should be shared regarding your child`s behaviour, maturity or social skills? What insights do you have about your child that would be helpful for the teachers? Please feel free to share anything else that would help us to provide the best care for your child.

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**I hereby confirm that all the information given in this Admission Questionnaire is true and correct. I give my consent to Tallinn European School to request additional information regarding my child from his/her previous schools, if needed.**

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| **Name and signature of the parent(s) filled out the questionnaire:** |  | **Date:** |