



# THE PALMRIDGE SCHOOL - GENERAL TRIAS

Preschool • Grade School • High School  
Arnaldo Highway General Trias City, Cavite

**P-2**

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## PARENT INTERVIEW FORM UPPER ELEMENTARY AND SECONDARY (JUNIOR HIGH SCHOOL) LEVELS (Grades 4, 5, 6 and Grades 7, 8, 9, 10) (to be filled out completely and accurately by the child's parent)

### ADMINISTRATION COPY

Name of Parent: \_\_\_\_\_

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

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

(Birth Certificate) Last Name/Surname First Name/ Middle Name Nickname

Last school attended (other than TPS): \_\_\_\_\_

Address / Location: \_\_\_\_\_

Year attended: \_\_\_\_\_ Grade / Level: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile/Tel. Nos.: \_\_\_\_\_

Course completed/Educational attainment: \_\_\_\_\_

University/College Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile/Tel. Nos.: \_\_\_\_\_

Course completed/Educational attainment: \_\_\_\_\_

University/College Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Parent's/parents' civil status:  Married  Not married (live-in)  Separated  Widow/er  Single parent

### I. CHILD'S DEVELOPMENT AND PERSONALITY

A. Is child diagnosed with any developmental disability/ies?  No  Yes If YES, what? \_\_\_\_\_

If YES, is child currently being treated/taking medication? \_\_\_\_\_

Have you observed the child to exhibit any delay in developmental milestones?  No  Yes

If YES, is it one or any:  physical  cognitive  communication  social/emotional  self-care

Other observations \_\_\_\_\_

B. 1. Does your child have a regular bedtime? \_\_\_\_\_ What time? \_\_\_\_\_

2. What chores do you expect your child to do by himself/herself? \_\_\_\_\_

C. Friends  older children  children of his/her age

younger children  adults

How does he/she get along with his/her friends? He/she is

active  shy  aggressive  a bully  quiet

When in difficulty with his/her friends, what does he/she usually do? \_\_\_\_\_

How is his/her relationship with siblings? \_\_\_\_\_

Do you encourage your child to be friendly? \_\_\_\_\_ with other children? \_\_\_\_\_ with anybody? \_\_\_\_\_

Or do you want to choose his/her friends? \_\_\_\_\_

D. Is he/she easily disturbed by a new situation? \_\_\_\_\_ Like what? \_\_\_\_\_

Does he/she ask for help often? \_\_\_\_\_ When? \_\_\_\_\_

How does he/she express it? \_\_\_\_\_

Does he/she cry easily? \_\_\_\_\_ Causes \_\_\_\_\_

Does he/she exhibit tantrums? \_\_\_\_\_ Causes \_\_\_\_\_

Has the child experienced any difficulties in school (if previously attending)? \_\_\_\_\_

Has the child experienced any difficulties at home? \_\_\_\_\_ What was the nature of the difficulty? \_\_\_\_\_

- E. What is the child afraid of? \_\_\_\_\_  
Causes \_\_\_\_\_  
How do you handle his/her fears? \_\_\_\_\_  
\_\_\_\_\_
- F. In what activities is he/she most interested at home? \_\_\_\_\_  
\_\_\_\_\_  
Is he/she inquisitive? \_\_\_\_\_ about what? \_\_\_\_\_  
What attitude does he/she have towards pets/animals at home? \_\_\_\_\_  
\_\_\_\_\_
- G. Does the child have any special skills like drawing, singing, dancing, etc? \_\_\_\_\_ If YES, what? \_\_\_\_\_  
Has he / she joined any competition? \_\_\_\_\_ If YES, please share some details \_\_\_\_\_  
Has he/she received any award/recognition from his/her previous school? \_\_\_\_\_ If YES, what? \_\_\_\_\_
- H. Is he/she: [ ] obedient? [ ] disobedient?  
Do you have discipline problems with your child? \_\_\_\_\_  
\_\_\_\_\_  
Who usually disciplines him/her? \_\_\_\_\_  
If the person who usually disciplines is not there, who usually takes over? \_\_\_\_\_  
How do you handle disobedience as a parent? \_\_\_\_\_  
\_\_\_\_\_  
Is he/she punished? \_\_\_\_\_ What methods are most frequently used? \_\_\_\_\_  
\_\_\_\_\_  
Are rewards, bribes, or other kinds of inducement offered to make the child obey? \_\_\_\_\_  
What, if any? \_\_\_\_\_  
What do you do when your child tries to have his/her own way with you? \_\_\_\_\_  
\_\_\_\_\_  
What do you do when your child quarrels with others? \_\_\_\_\_  
\_\_\_\_\_  
For whom does he/she show preference? [ ] mother [ ] father [ ] others \_\_\_\_\_  
Is he/she [ ] affectionate? [ ] over-protected? By whom? \_\_\_\_\_  
What are you most proud of in your child? \_\_\_\_\_  
\_\_\_\_\_  
How satisfied are you about how well your child does things? \_\_\_\_\_  
Is there any conflict in discipline of the child? \_\_\_\_\_ What, if any? \_\_\_\_\_  
\_\_\_\_\_  
Has he/she been under [ ] academic probation? [ ] disciplinary probation? Why? \_\_\_\_\_
- I. Name/s of person/s who will take the child to and from the school \_\_\_\_\_  
Relation with the child \_\_\_\_\_ Tel. & Mobile Nos. \_\_\_\_\_  
Name of person/s to contact in case of emergency (if different from above) \_\_\_\_\_  
Relation with the child \_\_\_\_\_ Tel. & Mobile Nos. \_\_\_\_\_

**II. CHILD’S FAMILY INFORMATION**

Names of Brothers / Sisters of Applicant	Age	School / Occupation

**III. HEALTH AND PHYSICAL DEVELOPMENT**

Any unusual occurrences (hospitalization, accident, etc.) during infancy or early childhood? \_\_\_\_\_

How old? \_\_\_\_\_

Describe hospitalization/accident and after effects \_\_\_\_\_

\_\_\_\_\_

Does he/she have any kind of impediment/s? \_\_\_\_\_ If so, please specify \_\_\_\_\_

\_\_\_\_\_

Health in infancy/childhood \_\_\_\_\_

**IV. PARENTS’ ATTITUDE TOWARD SCHOOL**

What influenced your choice of this school for your child? \_\_\_\_\_

\_\_\_\_\_

What do you expect to see from your child after he/she has completed our Upper Elementary/ Secondary Program? \_\_\_\_\_

\_\_\_\_\_

What questions would you like to be answered before enrolling your child in this school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Parent’s / Guardian’s Signature above Printed Name

\_\_\_\_\_  
 Date