



Applicant's Name: \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ Grade Apply: \_\_\_\_\_ Year Apply: \_\_\_\_\_

Has your child attended any preschool or daycare?  Yes  No

If yes, please indicate the name of the school/program, dates attended as well as the number of days and hours per week.

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Do you read to and with your child?  Yes  No If yes, how frequently? \_\_\_\_\_

What is your child's favorite book? \_\_\_\_\_

Has your child:

had any problems with forming any letter sounds?  Yes  No

had any problems with stammering or stuttering?  Yes  No

had any vision problems?  Yes  No

had any hearing problems?  Yes  No

had frequent ear infections?  Yes  No

If you answered yes to any of the above questions, please briefly explain. \_\_\_\_\_

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Does your child have any food allergies?  Yes  No If yes, please list them: \_\_\_\_\_

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At what age did your child walk alone? \_\_\_\_\_ Feed self? \_\_\_\_\_ Talk in sentences? \_\_\_\_\_

Is your child right-handed or left handed? \_\_\_\_\_

Please circle what your child can do:

Button

Tie shoes

Snap

Zip

Lace shoes

Skip



At what age did your child obtain bladder control? \_\_\_\_\_ Bowel control? \_\_\_\_\_

What is your child's bedtime? \_\_\_\_\_ Does your child take daily naps?  Yes  No

My child enjoys these activities (circle up to five):

- looking at books
- using a computer
- listening to stories
- playing outside
- playing with puzzles
- watching television
- using scissors and glue
- playing indoors
- building with blocks
- imaginative play
- coloring and painting
- playing video games

Please describe your child. What interests or hobbies does your child have? \_\_\_\_\_

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What expectations do you have for your child this year? \_\_\_\_\_

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What else would you like for us to know about your child? \_\_\_\_\_

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**Please return to:**  
 Franklin Road Academy  
 Admission Office  
 4700 Franklin Road  
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 615.832.8845  
 615.834.4137 FAX