



John F. Kennedy International School

# Student's Questionnaire

The completion of this questionnaire will aid the school greatly in planning for the programme and care of your child. Please refer to "Reminders concerning Kennedy School policies and procedures" for detailed explanations of the various items in this questionnaire.

Name of Student: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## 1. Social and Medical:

**Regular dental, eye and immunization controls are the responsibilities of parents.** Please ensure that these check-ups are organized during vacation periods and that the school is informed about any special measures that might be required. School medical forms and questionnaires must be accurate and up-to-date.

List of foods that cannot be eaten for medical or religious reasons:

\_\_\_\_\_

Please note any academic, social or medical concerns about which the school should be informed:

\_\_\_\_\_

\_\_\_\_\_

2. Considering that we try to keep extra expenses to a minimum, **are you, in principle, willing to support extra programmes**, such as private lessons, special books, materials, equipment and excursions, if deemed by the direction to be in the interest of your child and its programme?      **Yes** ☐      **No** ☐

Please comment \_\_\_\_\_

## 3. Outline the subjects, hobbies, sports, etc.... in which your child is interested:

\_\_\_\_\_

4. **Swimming ability:**      (Circle)      Beginner      Weak      Intermediate      Good      Very Good

5. **Skiing ability:**      (Circle)      Beginner      Weak      Intermediate      Good      Very Good

6. **Biking ability:**      (Circle)      Beginner      Weak      Intermediate      Good      Very Good

## 7. Any other sport that your child is practicing regularly:

\_\_\_\_\_ (Circle)      Beginner      Weak      Intermediate      Good      Very Good

\_\_\_\_\_ (Circle)      Beginner      Weak      Intermediate      Good      Very Good



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### 8. English Ability: (for new students to whom English is a second language)

Has your child studied English before? Yes ☐ No ☐

If "yes" give details \_\_\_\_\_  
\_\_\_\_\_

Please rate your child's knowledge of English - Beginner Weak Intermediate Good Very Good

### 9. French Ability: (new students only)

Has your child studied French before? Yes ☐ No ☐

If "yes" give details \_\_\_\_\_  
\_\_\_\_\_

Please rate your child's knowledge of French - Beginner Weak Intermediate Good Very Good

### 10. Size required for the School Uniform: (new students only)

104 <input type="checkbox"/>	116 <input type="checkbox"/>	128 <input type="checkbox"/>	140 <input type="checkbox"/>	152 <input type="checkbox"/>	164 <input type="checkbox"/>
4yrs	5yrs	6-8yrs	10yrs	12yrs	14yrs

### 11. Health and accident insurance: (Boarding students only)

Health and accident insurance that provides full coverage in Switzerland is compulsory for all students.

The school will provide its boarding students with health insurance coverage through our insurance partner.  
The annual price that covers your child/children is approximately CHF 1'000.00 per child per year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian