

CREDENCE HIGH SCHOOL 2016-2017

Name:	Class:	Date of Birth:
Father's Name: Occupation:	E-Mail:	Tel:
Mother's Name: Occupation:	E-Mail:	Tel:
Name of Siblings:	Number of Siblings:	
About Me:		
I Dream of becoming:		

My Hobbies:		
My Likes:		
My Dislikes:		
When I am bored, I:		
Signature:	Date:	

Child Portfolio

Health Concerns (Allergy Etc.)	Behavioral Concerns	Learning Style	Special Needs (Please Specify)	Transport

About the Child:	
Strengths:	
Area of Focus:	
Name of the Teacher:	
Signature:	Date: