

WYCKOFF SCHOOL DISTRICT  
WYCKOFF, NEW JERSEY

**DEVELOPMENTAL HISTORY**

Date \_\_\_\_\_

The purpose of this form is to help us learn more about your child. Please feel free to provide us with as much information as you wish.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Schools Attended:

School Name	School Address	How Often	Dates of Attendance
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Has your child had experience in any other kind of structured group? \_\_\_Y \_\_\_N

If so, please explain. \_\_\_\_\_

3. Has your child taken private or group lessons? \_\_\_Y \_\_\_N

If so, please explain. \_\_\_\_\_

4. Other Children in the Home:

Name	Date of Birth	Name	Date of Birth
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_____	_____	_____	_____
_____	_____	_____	_____

5. Others in home besides parents and children: \_\_\_\_\_

6. By what name is your child called at home: \_\_\_\_\_

7. Does your child have an opportunity to play with other children regularly?

\_\_\_\_\_

8. How much experience has your child had going on trips or outings?

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9. If parents are divorced, who has custody? \_\_\_\_\_

10. Please note any outstanding circumstances or experiences which have influenced or affected your child. \_\_\_\_\_

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11. Please explain any other important information about your child which you feel the school personnel should know? \_\_\_\_\_

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Scan and upload form to your child's file in the Registration Website**