



IOLANI SCHOOL

Parent Questionnaire

For Parents of Kindergarten Applicants

Please complete this form and bring it with you to the individual testing session.

APPLICANT'S NAME: _____ DATE: _____

1. Please tell us about your child in terms of his or her:

a. Learning abilities

b. Social relationships

c. Personal qualities

2. Please tell us what kind of school you want for your child.
