STUDENT PROFILE TEMPLATE

This form is designed to gather comprehensive information about each boarding student. Complete all sections thoroughly to ensure proper support and care for the student. Information collected is confidential and will only be shared with relevant staff members on a need-to-know basis in accordance with data protection regulations.

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1. PERSONAL INFORMATION

|  |  |
| --- | --- |
| Full Name: | Click or tap here to enter text. |
| Preferred Name/Nickname: | Click or tap here to enter text. |
| Date of Birth: | Click or tap to enter a date. |
| Gender: | Choose an item. |
| Nationality: | Click or tap here to enter text. |
| First Language: | Click or tap here to enter text. |
| Other Languages Spoken: | Click or tap here to enter text. |
| Religion/Faith (if applicable): | Click or tap here to enter text. |
| Religious Observance Requirements: | Click or tap here to enter text. |

<!-- In a real implementation, the placeholders above would be replaced with proper Word content controls: -->

<!-- - Text fields for name, languages, etc. -->

<!-- - Date picker for date of birth -->

<!-- - Dropdown list for gender with options: Male, Female, Non-binary, Other, Prefer not to say -->

2. CONTACT INFORMATION

|  |  |
| --- | --- |
| Student Email: | Click or tap here to enter text. |
| Student Mobile Number: | Click or tap here to enter text. |

3. FAMILY INFORMATION

### Parent/Guardian 1

|  |  |
| --- | --- |
| Full Name: | Click or tap here to enter text. |
| Relationship to Student: | Click or tap here to enter text. |
| Home Address: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Occupation: | Click or tap here to enter text. |

### Parent/Guardian 2

|  |  |
| --- | --- |
| Full Name: | Click or tap here to enter text. |
| Relationship to Student: | Click or tap here to enter text. |
| Home Address (if different): | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Occupation: | Click or tap here to enter text. |

### Siblings

|  |  |
| --- | --- |
| Names and Ages: | Click or tap here to enter text. |

4. EMERGENCY CONTACTS (other than parents/guardians)

### Emergency Contact 1

|  |  |
| --- | --- |
| Full Name: | Click or tap here to enter text. |
| Relationship to Student: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

### Emergency Contact 2

|  |  |
| --- | --- |
| Full Name: | Click or tap here to enter text. |
| Relationship to Student: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

5. MEDICAL INFORMATION

|  |  |
| --- | --- |
| Family Doctor/GP Name: | Click or tap here to enter text. |
| Doctor's Phone Number: | Click or tap here to enter text. |
| Medical Conditions: | Click or tap here to enter text. |
| Allergies: | Click or tap here to enter text. |
| Regular Medications: | Click or tap here to enter text. |
| Dietary Requirements: | Click or tap here to enter text. |
| Additional Health Information: | Click or tap here to enter text. |

Does the student self-administer their medication?

|  |  |  |
| --- | --- | --- |
| ☐ Yes | ☐ No | ☐ Yes, but requires supervision |

6. ACADEMIC BACKGROUND

|  |  |
| --- | --- |
| Previous Schools: | Click or tap here to enter text. |
| Academic Strengths: | Click or tap here to enter text. |
| Academic Challenges: | Click or tap here to enter text. |
| Learning Support Needs: | Click or tap here to enter text. |
| Preferred Learning Style: | Click or tap here to enter text. |

7. EXTRACURRICULAR INTERESTS

|  |  |
| --- | --- |
| Sports and Physical Activities: | Click or tap here to enter text. |
| Arts and Creative Activities: | Click or tap here to enter text. |
| Clubs and Organizations: | Click or tap here to enter text. |
| Hobbies and Interests: | Click or tap here to enter text. |

8. PERSONAL DEVELOPMENT

|  |  |
| --- | --- |
| Personal and Academic Goals: | Click or tap here to enter text. |
| Future Aspirations: | Click or tap here to enter text. |

9. SIGNATURES

|  |  |
| --- | --- |
| Form Completed By: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |