NUCLEUS INTERNATIONAL SCHOOL

STUDENT HOUSING/PERSONAL QUESTIONNAIRE

1. Does the child have a separate bedroom? Yes ☐ No ☐
2. Does the child sleep by himself/herself? Yes ☐ No ☐
3. Does the child have a bedtime routine? Yes ☐ No ☐
4. Does the child help you in household chores?

   If Yes, which ones? _____
5. What time does the child sleep? _____
6. What time does the child wake up? _____
7. How much screen time does the child get? _____
8. How many liters of water does the child take in a day? _____
9. How often does the child eat store-bought food? _____

Creative strengths of my child:

Art	_____	*Cooking*	_____	*Dance*	_____
Group Discussion	_____	*Inventing*	_____	*Music*	_____
Poetry	_____	*Performing*	_____	*Sports*	_____
Writing	_____	*Others*	_____		

☐ I agree to the release of my child photos for social media purpose.
(to be filled by parent)

Date: _____ Signature of the Parent : _____