TASIS
ENGLAND

Lower School Student Questionnaire

Applicants for Grades 1-5 should complete this side of the form.

Applicant's Name:_____ Date: _____

Parents: On the lines provided, please have your son or daughter respond to the following writing prompt, unaided, in his or her own handwriting.

Choose ONE of the following topics to write about:

☐ My best birthday

☐ If I could talk to an animal

☐ If I could travel through time

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please forward this form to:

Director of Admissions, TASIS England, Coldharbour Lane, Thorpe, Surrey, TW20 8TE, England
Tel: +44 1932 565252 E-mail: ukadmissions@tasisengland.org

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Optional for applicants for Early Years and Kindergarten.

Applicant's Name:_____ Date:_____

Parents: In the space provided below, please have your son or daughter draw a picture of a person; the drawing should be done unassisted. If possible, please have him or her write his or her name on the picture as well.

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