Child History Form

World Help

Agency ID Number (if applicable): RWASIP645 Today's Date: 11/6/2024

First Name: GERVAIS Nickname (if any): _____

Last Name (Surname): NZIZA Gender (circle one): (Male) / Female

Child's location: Masaka (City/Village) Kigali (State/Province) Rwanda

Date of Birth: MARCH (Month spelled out e.g. April) / 2ND (Day) / 2015 (Year) Current Age: 9

School Level: Primary 2

Describe the child's progress in school: ☐ Poor ☐ Average ☐ Good ☑ Excellent

What is the child's favorite subject in school? Science

What are the child's personality traits? Friendly

List the child's favorite leisure activities: Playing Soccer

What would the child like to do/be when he/she grows up? Pilot

What word best describes the child's health? ☑ Good ☐ Average ☐ Weak

List any known physical problems: None

Is the child in any way affected by the HIV/AIDS virus?
☐ Child is infected ☐ Family member infected — relationship to child: –

☐ Death of family member to disease - relationship to child: – Year individual died: –

Where does the child live **during the school term**?
☐ Home with mother ☐ Home with father ☑ Home with both parents ☐ Other

☐ Children's Home / Boarding School, Name of Home: –

Where does the child live **during school holidays and breaks**?
☐ Home with mother ☐ Home with father ☑ Home with both parents ☐ Other

☐ Children's Home / Boarding School, Name of Home:

Biological Mother's Name: Nukuze Alice ☑ Living ☐ Deceased

Mother's occupation and brief description: Casual worker

Biological Father's Name: Ndagusaba Joseph ☑ Living ☐ Deceased

Father's occupation and brief description: Casual worker

Number of brothers: 1 Number of sisters: 1 Child's Birth Order: 2

Please list the names and ID numbers of brothers or sisters who are currently in the sponsorship program:

None