

YEAR 1 – YEAR 6 Extra Information

STUDENT NAME: _____ YEAR LEVEL _____

Please complete this information about your child and submit with your enrolment form. Please complete a separate form for each of the children you are enrolling as this information will go to the teacher.

PLEASE CHECK THE BOX IF THE COMMENT IS APPLICABLE TO YOUR CHILD OTHERWISE LEAVE UNCHECKED.

School Information:

What other school/s has your child attended. (if your child attended 2 schools in a year, list all with the latest school first in list)

Calendar Year	Year level child was in	Name of previous year	Calendar Year	School Year Text	School Name

Report Card

- I have attached a report card with the enrolment form.
- I will provide a photocopied version at the enrolment interview.

Learning:

- In the past 12 months, my child has required a learning support program.
- As a parent, I am concerned about the learning progression of my child.

Additional information about your child’s learning requirements.

Provide information in the comment box. Brief notes will suffice and will be discussed at enrolment interview.

<input type="checkbox"/>	My child has a diagnosed disability.	More information:
<input type="checkbox"/>	My child has been verified at a previous educational site.	State verification:
<input type="checkbox"/>	My child has learning needs outside of the verification process	State identified student needs:
<input type="checkbox"/>	My child has met with a Guidance Officer	Reason:
<input type="checkbox"/>	My child has attended specialised medical appointments to assist in their learning. Provide information in the table below:	

Medical Specialist	Further investigation	Documents provided	Further Information
<input type="checkbox"/> Sight	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Speech /Language	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Development Assessment Team	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Psychologist Eg. Anxiety/Trauma/ Attention Deficit	<input type="checkbox"/>	<input type="checkbox"/>	

YEAR 1 – YEAR 6 Extra Information

STUDENT NAME: _____ YEAR LEVEL _____

<input type="checkbox"/> Guidance Officer	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Peadiatrician	<input type="checkbox"/>	<input type="checkbox"/>	

Behaviour Needs:

<input type="checkbox"/>	My child's behaviour can impact on the classroom learning.
--------------------------	--

Further Information:

If your child has learnt a language at school through LOTE, what language was this?

<input type="checkbox"/>	My child has learnt another language at a primary school.	Language :
--------------------------	---	------------

Family information

Please list siblings from youngest to oldest including the enrolled child.

Name	Date of Birth	If not at school what year will your child be enrolling in Prep

<input type="checkbox"/>	My child has a legal documents for custody or family plan. <i>(Please provide paperwork prior to 2022)</i>
--------------------------	--

Information needed to settle your child into the new school

As teachers will not have the opportunity to meet your child (their future student) prior to starting school, we have asked these questions so teachers can be ready with the approaches necessary to make this transition as smooth as possible.

My child's current interests are: Please list 2 to 3.

My child's personal strengths are:

My child's school/academic strengths are

My child's social/emotional requirements at school are:

YEAR 1 –YEAR 6 Extra Information

STUDENT NAME: _____ YEAR LEVEL _____

How do you think your child will settle into school ?

Languages spoken at home

<input type="checkbox"/> An indigenous language is spoken at home	<input type="checkbox"/> Another language is spoken at home
Indicate child's <u>fluent</u> behaviours in this language.	
<input type="checkbox"/> Understands only <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Writing	

General Health

<input type="checkbox"/>	My child has a medical condition that will impact on school eg. asthma etc
List concern	
<input type="checkbox"/>	My child will require a Health Plan which I will provide

Any further information that is necessary