

SCHOOL ENTRANCE CHECKLIST

PRE-PRIMARY 2017

STUDENT DETAILS

Name of Child: _____ PRE-PRIMARY _____ 2017

Date of birth: _____ Mobile: _____

Child's Country of Birth: _____ Religion: _____

Other Children in the Family:	Name:	Age:
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Main language spoken in the home: _____

Other languages spoken in the home: _____

BACKGROUND INFORMATION

Please tick correct boxes and/or write information in:

1. Have you ever suspected that your child may have defective eyesight? YES NO

2. Has your child ever been to an optometrist or eye specialist? YES NO

3. If so, what was the result of the examination? _____

4. Is your child under medication? YES NO

Name of medication _____

Reason _____

5. Have you ever suspected that your child may have defective hearing? YES NO

6. If so, has your child ever had a hearing test? YES NO

7. What was the result of the examination? _____

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8. Is there any information regarding your child's eating or sleeping habits of which the school should be aware eg. allergies, medical conditions, diet etc.

9. If your child has been separated from one or both parents, did your child seem different in any way after the separation? YES NO

If so, in what way? (ie. clinging, affectionate) _____

10. Does your child ever appear clumsy or lacking in coordination? YES NO

If so, in what way? _____

11. Does your child have any nervous tendencies?

- | | | |
|---|------------------------------|-----------------------------|
| (a) bedwetting | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) excessive story-telling (lies or fantasy) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) fear of dark or nightmares | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) fear of making mistakes | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

12. Is your child over-active? YES NO

13. Can your child be understood by others when speaking? YES NO

14. Does your child have difficulty pronouncing words such as:

- "muvr" instead of mother,
- "wed" instead of red,
- "fink" instead of think,
- "dat" instead of that?

YES NO

15. Refers to self by name rather than I or me? YES NO

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16. Is your child independent in washing hands and face? YES NO

17. Can your child manage toilet routines without assistance? YES NO

18. Can your child undress unaided? YES NO

19. Is there any other relevant information which may be of use to the teacher?

20. Has your child attended kindergarten, pre-school or playgroup? YES NO

Where? _____

How often? _____

21. What are your expectations for your child this year?

Parent/Guardian Signature: _____ DATE: _____

Name of Parent/Guardian: (please print): _____

*** PARENTAL AUTHORISATION ***
2017

STUDENT'S NAME: _____ **PRE-PRIMARY** _____ **2017**

Full name of female parent/guardian: _____

Ph: (h): _____ (w): _____ (mob): _____

Occupation: _____

Full name of male parent/guardian: _____

Ph: (h): _____ (w): _____ (mob): _____

Occupation: _____

Please state the names of the people who will be responsible for picking up and/or dropping off your child. No other person, apart from these designated people, will be permitted to take your child without your written permission.

Other adult to pick-up/drop-off:	Relationship to your child:	Phone numbers:
1. _____	_____	Ph (h): _____
	(mob): _____	(w): _____
2. _____	_____	Ph (h): _____
	(mob): _____	(w): _____
3. _____	_____	Ph (h): _____
	(mob): _____	(w): _____

<i><u>In case of emergency</u> or when we cannot contact you, who can we contact to collect your child?</i>		
Other emergency contact:	Relationship to your child:	Phone numbers:
1. _____	_____	Ph (h): _____
	(mob): _____	(w): _____
2. _____	_____	Ph (h): _____
	(mob): _____	(w): _____
3. _____	_____	Ph (h): _____
	(mob): _____	(w): _____

Signature of parent/guardian : _____ **Date:** _____