

SCHOOL ENTRANCE CHECKLIST

STUDENT DETAILS

3YO

Kindergarten

Child's full name: _____ Year: 20__

Date of birth: _____ Gender - Male/Female: _____

Religion: _____ Child's Country of Birth: _____

Full name of female parent or guardian: _____
Full name of male parent or guardian: _____

Email: _____

Other children in the family:	Name:	Age:
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Main language spoken in the home: _____

Other languages spoken in the home: _____

BACKGROUND INFORMATION

MY CHILD'S LIKES/DISLIKES:

1. Favourite toy: _____

Toy's name/s: _____

2. Favourite pastime: _____

3. Interest of the moment: _____

4. Pets: _____

5. Names of friends: _____ Age: _____

_____ Age: _____

_____ Age: _____

6. Medical Issues:

HISTORY: Birth: Normal Full term Premature

Difficulties: _____

Illness: _____

7. Has your child ever visited a specialist? YES NO

If YES please give details below:

Specialist Assessments	Results
School Social Worker	
Occupational Therapist	
Speech Pathologist	
Audiologist	
Psychologist	
Paediatrician	
Optometrist	
School Nurse	
Private Tutor	
Other Specialist Consults	

Copy of Specialist Report/s attached: YES NO

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

9. Is there any other relevant information which may be of use to the teaching staff?

10. What are your aims and expectations for your child this year?

* PICK UP AUTHORISATION *

STUDENT'S NAME: _____

Full name of female parent/guardian: _____

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

Full name of male parent/guardian: _____

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

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): _____

MEDICAL EMERGENCY AUTHORISATION

I/we authorise the school to seek medical/dental attention, call an ambulance or to hospitalise my child when considered necessary. I/we further authorise the school that if an emergency occurs requiring surgery, anaesthetic, oxygen, blood transfusion or medication, and I/we are unable to be contacted within a reasonable time, the school has the authority to agree to medically recommended treatment by an accredited medical practitioner on my/our behalf.

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

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

In case of emergency or when we cannot contact you, who can we contact to collect your child?

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:** _____