

# SCHOOL ENTRANCE CHECKLIST

## STUDENT DETAILS

3 Year Old  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.

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

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

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# \* 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.

<b>Other adult to pick-up/drop-off:</b>	<b>Relationship to your child:</b>	<b>Phone numbers:</b>
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?

<b>Other emergency contact:</b>	<b>Relationship to your child:</b>	<b>Phone numbers:</b>
1. _____	_____	Ph (h): _____
	(mob): _____	(w): _____
2. _____	_____	Ph (h): _____
	(mob): _____	(w): _____
3. _____	_____	Ph (h): _____
	(mob): _____	(w): _____

**Signature of parent/guardian :** \_\_\_\_\_ **Date:** \_\_\_\_\_