Curl Curl North Public School

Kindergarten 2020 – Student and Family Information

Child's name	
Preferred name	
Date of birth	
Parent #1	
Parent #2	
Primary contact phone number	
Primary email address – To receive any 'Transition to School' information.	*Please note that all Kindergarten transition information will be by email so please choose the account that you check most frequently.*

Could you please complete the following information about your child so we are able to provide the best transition for them to our school.

Has your child attended pre-school, a day care centre or family day care?	Centre's name: Phone number: Teacher/Carer's name:
Do you give us permission to contact the above centre/carer to seek advice on the best transition for your child?	Your name: Date: Signature:
Has your child been diagnosed with any medical condition or disabilities that may affect their learning (e.g. ear infections)?	
Does your child receive any medication?	
Did your child attend any early intervention programs before starting school (e.g. speech or language therapy, occupational therapy, physiotherapy etc.)? Please specify and attach any reports.	
If there is any additional information you would like us to know about your child please write it here and if you require more space use the back of this sheet.	
Will your child have siblings attending Curl Curl North Public School in 2019? If so please list their name and the grade they will be in.	
Which scripture class would you like your child to attend? Please tick <u>one</u>.	☐ **Baha'i** ☐ **Protestant** ☐ **Catholic** ☐ **Ethics (if available)** ☐ **Non Scripture** **Scripture lessons occur once a week for a 30 minute period.**

Does your child speak any languages other than English? _____

If so what is the main language spoken at home? _____

If your family is new to Australia, how long has your family lived here? _____

What is your country of origin? _____