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Curl Curl North Public School

Kindergarten 2024 ~Student & Family Information Could you please complete the following information about your child so we can provide the best

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 Kinde account that you check in account that you c		ergarten transition information will be by email so please choose the most frequently.				
possible transition experience for them to our school.						
Has your child attended pre-sch centre or family day care? If yes the details to the right.		Centre's name: Phone number: Teacher/Carer's name:				
Do you give us permission to contact the above centre/carer to seek advice on implementing the best transition experience for your child?		Your name: Date: Signature:				
Has your child been diagnosed y condition or disabilities that may (e.g., ear infections)? Please spe	affect their learning					
Does your child receive any med specify.	dication? Please					
Did your child attend any early in programs before starting school language therapy, occupational physiotherapy etc.)? Please spec reports.	(e.g., speech or I therapy,					
If there is any additional information you would like us to know about your child, please write it in the box on the right. If you require more space, you may use the back of this sheet.						
Will your child have siblings attending Curl Curl North Public School in 2023? If so, please list their name and their 2023 grade.		Name: Grade in 2023:				
Which scripture class would you like your child to attend? Please tick <u>one</u> .		 Baha'i Protestant Catholic 	 Non-Scripture Ethics (if available) 			
Does your child speak any languages other than English?						