



Curl Curl North Public School

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F:

Kindergarten 2025 ~ Student & 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.	<i>Please note that all Kindergarten transition information will be by email so please choose the account that you check most frequently.</i>

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

Has your child attended pre-school, a day care centre or family day care? If yes, please complete the details to the right.	Centre's name: Phone number: Teacher/Carer's name:
Do you give us permission to contact the above centre/carers to seek advice on implementing the best transition experience for your child?	Your name: Signature:
Do you give us permission to use any photographs taken of your child during transition events for inclusion in our school newsletter?	Your name: Signature:
Has your child been diagnosed with any medical condition or disabilities that may affect their learning (e.g., ear infections)? Please specify.	
Does your child receive any medication? Please specify.	
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 in the box on the right. If you require more space, you may use the back of this sheet.	
If your child will have siblings attending Curl Curl North PS in 2025, please list their name and grade.	Name: Grade in 2025:

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? _____



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