

#### Information Form - New Students

Please complete this and bring it with you on the day your child starts school. This information will help the school and your child's teacher to get to know your child and cater for his or her needs.

Background Info	ormation (Please print	<del>'</del> )
Student's name:		Date of Birth://
Pre-school/childcare	or previous school atte	nded: / None
Does the Student Sp	oeak English:	Yes No Some
Languages Spoken	at Home:	/ English
Country of Birth:		Visa Class: Sub-Class:
Siblings at School:		
Do any of the follow	ving people speak a lan	guage other than English?
Mother/Guardian	Yes No	Which language:
Father/Guardian	Yes No	Which language:
Grandmother	Yes No	Which language:
Grandfather	Yes No	Which language:
Are there any specia	I family circumstances t	the school should be aware of?



What are your expectations for your child in their first year at Stanmore Public School?
What were your reasons for choosing Stanmore Public School?
Helping at School
Are you interested in helping in the classroom with reading?  Yes No Maybe
Availability: Monday Tuesday Wednesday Thursday Friday
Do you have any special talents / skills that you would be prepared to donate to the school from
time to time (e.g. photography, computer skills, art, design, music)?Yes No Maybe
Details:
Do you have any skills to assist P&C functions & activities e.g. cooking BBQ, gardening, trade,
organising etc?
Details:
Do you approve your contact details being added to the P&C Database?  Ves No



If yes, please provide details. (Plea	ase print)			
Your name:				
Tel:				
Email:				
			_	
Social Development, Int	terests, Tale	ents & Special Need	ds	
This background information will he transition to school.	elp the school to	meet your child's needs and	d assist a sm	ooth
Please tick the boxes if these state	ements apply to y	our child most of the time.		
Computers				
Uses a computer confidently at home:			Yes 1	No 🗌
Internet Access at home:			Yes 1	No 🗌
Social Development				
Makes friends easily		Inclined to be shy / sensitive	ve	
May need help to make friends		Plays happily with others		
Physical Development				
Likes to play physical games		Is well coordinated		
Prefers quiet activities		Has good fine motor hand	coordination	
Special Interests/Hobbies:				



Medical or Special Ne	eds		
	g Needs / Other:		
Any other important informa	tion we need to know:		
	tion we need to know:		
Print name:	Sign:	Date <sup>.</sup>	1 1