



# TRANSITION TO SCHOOL PROGRAM

## 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 Information *(Please print)*

Student’s name: ..... Date of Birth: ...../...../.....

Pre-school/childcare or previous school attended: ..... / None

Does the Student Speak English: Yes  No  Some

Languages Spoken at Home: ..... / English

Country of Birth: ..... Visa Class: ..... Sub-Class: .....

Siblings at School: ..... / None

Do any of the following people speak a language other than English?		
Mother/Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/>	Which language: .....
Father/Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/>	Which language: .....
Grandmother	Yes <input type="checkbox"/> No <input type="checkbox"/>	Which language: .....
Grandfather	Yes <input type="checkbox"/> No <input type="checkbox"/>	Which language: .....

Are there any special family circumstances the school should be aware of?

.....  
.....





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If yes, please provide details. *(Please print)*

Your name: .....

Tel: .....

Email: .....

## Social Development, Interests, Talents & Special Needs

This background information will help the school to meet your child's needs and assist a smooth transition to school.

Please tick the boxes if these statements apply to your child **most of the time**.

### Computers

Uses a computer confidently at home: Yes  No

Internet Access at home: Yes  No

### Social Development

Makes friends easily  Inclined to be shy / sensitive

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: .....

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Talents: .....

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## Medical or Special Needs

Asthma / Allergies / Learning Needs / Other: .....

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Any other important information we need to know: .....

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Any other important information we need to know: .....

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Print name: ..... Sign: ..... Date: ...../...../.....