



Kuraby State School

**Prep Information**

Child's **full** name: \_\_\_\_\_ Gender: Male / Female

What is the main language spoken at home? \_\_\_\_\_

Other language/s spoken: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Names and ages of all siblings in the family:

Sibling name	Current age	Comments (E.g. attends Kuraby State School)

Early Education & Care Information

Has your child attended an early childhood service? Yes  No

Please circle all that apply:

**Long Day Care / Kindergarten / Family Day Care / ECDP / Playgroup / Kuraby Pre-Prep Program**

If yes, where? (Full name of centre and location) \_\_\_\_\_

Tick which days they attend, if needed please write the program they attend on that day.

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Have you signed the transition statement consent form so your child's Kindy can send us their transition statement?

Yes  No

**Interests**

List areas of play/learning that your child is interested in:

\_\_\_\_\_

Does your child participate in out of school activities? (E.g. sport, dance, music, swimming)

\_\_\_\_\_

Does your child have any other skills or special interests?

\_\_\_\_\_

What is your main wish for your child as they start their schooling journey?

\_\_\_\_\_

What do you think your child will enjoy most about school?

\_\_\_\_\_

## Support Information

Has your child had any of the following?

			Please provide details:
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eye sight check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	At what age? Wear glasses? Y / N
Hearing check	<input type="checkbox"/> Yes	<input type="checkbox"/> No	At what age? Any issues?
Speech and Language therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	At what age?
Occupation therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	At what age?
Physiotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	At what age?
Paediatrician	<input type="checkbox"/> Yes	<input type="checkbox"/> No	At what age?
Psychological and development support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	At what age?
Learning support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	At what age?
Other			

Please provide any further details regarding this information including reports. *These will be stored securely on your child's enrolment file.*

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Do you have any concerns about your child at the moment?

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What do you think your child might struggle with at school?

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Where possible, we attempt to place children with a friend in their class. Please list any friends who are coming to Kuraby State School and we will endeavor to place your child with at least one of these.

Names of children you would not like your child to be placed with in a class.

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