

Stanmore Public School – Transition to School Program

INFORMATION SHEET – 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: DOB:

Pre-school/Childcare or Previous School Attended: / **None**

Does the Student Speak English: **YES / NO / SOME** (Please Circle)

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?		(Please Circle)
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 special family circumstances 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 (eg. **photography, computer skills, art, design, music**)? **YES / NO / MAYBE**

Details.....
.....

Do you have skills to assist P&C functions & activities eg cooking BBQ, gardening, trade, organising etc?

.....
.....

Do you approve your name and contact details being added to the P&C Database? **YES / NO**

If yes, please provide details. Please print.

Parent's Name:

Phone:

Email Address:

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	<input type="checkbox"/>	Inclined to be shy / sensitive	<input type="checkbox"/>
May need help to make friends	<input type="checkbox"/>	Plays happily with others	<input type="checkbox"/>

Physical Development

Likes to play physical games	<input type="checkbox"/>	Is well coordinated	<input type="checkbox"/>
Prefers quiet activities	<input type="checkbox"/>	Has good fine motor <i>hand</i> coordination	<input type="checkbox"/>

Special Interests/Hobbies:

Talents:

Medical or Special Needs:

Asthma / Allergies / Learning Needs / Other

Any Other Important Information We Need to Know:

SPECIAL REQUESTS REGARDING PLACEMENT IN CLASS;