

Warrawong Public School



Kindergarten Enrolment Information

Name: _____ D.O.B. _____

Playgroup No Yes Where: _____

Preschool No Yes Age when first attended _____

No. of days a week _____

Has your child:

*seen a speech pathologist? Yes No

Who: _____ When: _____

*seen an occupational therapist? Yes No

Who: _____ When: _____

*had a hearing test? Yes No

Who: _____ When: _____

*had a vision test? Yes No

Who: _____ When: _____

*seen any other health specialist? Yes No

Details

Favourite Play Activities

Does your child have any friends also starting school, or know any other children at our school?

Names

Is there any other important information about your child that you feel would be important for the class teacher to know about your child? For example, do they have any fears, special skills, special needs?

Does your child speak another language? Yes No

Which language? _____ How often? _____