



# STUDENT PROFILE FORM KINDY 2018

**This information is strictly confidential and is requested to help us get to know and understand your child and family better. Please send in this sheet as soon as it is completed.**

Name:	DOB:
Preferred Name:	Male      Female
Address:	Home Tel: Email: Mobile Tel:
Mother's name: Occupation:	Nationality: Mobile Tel:
Place of work:	Work Tel:
Father's name: Occupation:	Nationality: Mobile Tel:
Place of work:	Work Tel:
Siblings and ages:	
Languages spoken at home:	
Emergency contacts, other than parents (staff will contact parents first):	
1 Name	Tel:
2 Name	Tel:

Will you be bringing and collecting your child from school      Yes      No  
If no, please fill out an authorisation slip in 2018 (available from teacher)

Is your child allergic to any foods?      No      Yes      (please specify)

Does your child have any medical conditions we should know about?      No      Yes      (please specify)

Has your child attended a playgroup, daycare?      No      Yes      (please specify)

Is your child currently attending daycare?      No      Yes

What are your child's interests? \_\_\_\_\_

What expectations do you have for your child in Pre-Primary?  
\_\_\_\_\_  
\_\_\_\_\_

Please list your child's fears and anxieties:

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How would you describe your child's behaviour with other children? Does your child play with others often?

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How does your child behave with other adults, other than yourself? \_\_\_\_\_

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Has your child consistent hand preference? (ie. left or right handed) \_\_\_\_\_

Please list grandparent's names (eg Nanna, Nona)

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Do you have any special skills you could share? No Yes (please specify)

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We would like to acknowledge our many cultures that are part of our school community. Could you please let us know what celebrations or special events your family / culture celebrate and the date they will be occurring in 2018.

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Would you like to share some of your cultural events and traditions with the class at these times?

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Within the context of the learning environment are there any celebrations you do not wish your child to participate in? (If 'yes', please specify)

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Are there any custody arrangements pertaining to the child? No Yes (please specify)

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Is there any other information that you feel is useful to the teacher about your child?

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# Student History Form

Please give all relevant detail when completing this form

Have you noticed any unusual speech patterns? (*Articulation? Late Talking?*)

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How well did your child learn to talk about things, carry out instructions, learn new words and develop clear speech?

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Has your child attended any Specialist? (*Paediatrician, Speech or Occupational Therapist*)

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Has your child had ear infections? (*Particularly between 12 and 36 months? Glue ear? Grommets?*)

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Did your child experience any delays in gaining developmental milestones? (*eg learning to crawl, walk*)

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Has your child had any visual problems? (*A lazy eye? Glasses?*) \_\_\_\_\_

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Have you noticed unusual motor co-ordination patterns? (*From crawling to colouring?*)

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Has your child had serious health problems? \_\_\_\_\_

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Did your child experience a difficult birth? (*Premature, lack of oxygen etc?*) \_\_\_\_\_

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Any notable family circumstances in the child's early years: \_\_\_\_\_

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What language is primarily spoken by your child in the home? \_\_\_\_\_

Are there any other members of your extended family that speak another language? (*For example, Grandparents speak Vietnamese*)

Is there a family history of speech and language difficulties or reading and writing difficulties?