



## Currimundi State School Prep Enrolment Questionnaire

*Riding the Waves to Success*

Welcome to Currimundi State School, our friendly little school by the beach. Starting school is an exciting and important time for your family.

As partners in learning, we take pride in caring for our student's learning development and well-being. We acknowledge that children bring with them different skills, abilities, interests and experiences. When planning for transition to school we welcome the opportunity for you to share information that will assist your child to settle in and transition smoothly. Please complete the following questionnaire and return it to the school at your earliest convenience. Once we receive your information, we may contact you about supporting your child's transition to Prep. There will be opportunities across the year for you and your child to visit the school, in addition to a 1-1 enrolment interview in October.

We look forward to meeting you and your child at one of the induction opportunities across the year.

Mandy Brewer

Deputy Principal  
Prep, Year 1 & Year 2

Students Full Name: \_\_\_\_\_ Date of Birth:    /    /  
Parent/Carers names: \_\_\_\_\_  
Preferred contact details: phone: \_\_\_\_\_ email: \_\_\_\_\_

**Does your child attend a Kindy or Early Learning centre? YES/NO**

Full Name of Centre: \_\_\_\_\_

Address: (street and suburb) \_\_\_\_\_

Days attended: Monday Tuesday Wednesday Thursday Friday (circle all that apply)

**Does your child visit an additional centre or Pre-Prep Program? If yes, please provide details:**

**YES/NO** \_\_\_\_\_

If your child attended one of the above-mentioned programs, please complete the below, allowing us to contact the above centre/s to assist with your child's transition to school. This is optional.

I provide permission for staff at Currimundi State School to liaise with my Pre-Prep provider mentioned above, in matters to support my child's transition to Prep at Currimundi State School next year.

Parent Name/s : \_\_\_\_\_

Parent signature : \_\_\_\_\_ Date : \_\_\_\_\_



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**1. What are the interests and strengths of you child?**

**2. How does your child interact with same age peers?** (e.g.: shy, confident, reluctant, a born leader etc.)

**3. Has your child needed support with managing their behaviour or emotions in the Kindy or home setting?** YES/NO (please circle) Provide details if yes – e.g.: Separation anxiety, assistance with interacting with peers

**4. Has your child required support with their communication skills in the childcare, kindy or home setting?**

- understanding information (e.g.: following directions, answering questions)
- getting their message across (e.g.: answering questions, asking for help, telling a story)
- speech production

**YES/NO** Provide details if yes.



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5. To assist us with meeting your child's needs at school, has your child ever seen any of the following specialists? (for reasons that may impact their school experience only)

Specialist area	YES/NO	Brief details (e.g.: grommets, gross motor, ADHD, speech therapy, ASD diagnosis etc.)
Paediatrician		
Speech-Language Pathologist		
Physiotherapist		
Occupational Therapist		
Ear/Nose/Throat Specialist		
Other Health Professional		

6. Does your child have any diagnosed medical conditions? (Please circle)

YES / NO (e.g.: Allergies, sensitivities and/or a medical diagnosis)

If you circled yes, please provide details below and attach a copy of any documents or reports if relevant.

7. If there is any further information relevant to your child's smooth transition to school, please add here.

**The details you have provided are treated in a confidential manner and will assist us greatly in working towards a successful start at Currimundi State School for your child. Thank you.**

**Please email or return this form to the front office. [administration@currimundiss.eq.edu.au](mailto:administration@currimundiss.eq.edu.au)**