



STUDENT INFORMATION SHEET

(for the classroom teacher)

surfers paradise
PRIMARY SCHOOL

Name of Child: _____

Parent/ Guardian names: _____

Enrolment date: _____ Date of Birth: _____

Any siblings? YES / NO

Names	Age
_____	_____
_____	_____
_____	_____

Enrolment at other Educational Facilities

Type of School	Name of School	Date From	Date To
Qld State Preschool			
Qld State Primary			
Private School			
Interstate School			
Overseas School			

Years repeated, if any:

Please list any medical problems the classroom teacher should know about:

Has your child had any major illnesses/accidents/trauma?

YES / NO

If YES, please provide details:

Does your child have any fears/phobias which may affect them at school?

YES / NO

If YES, please provide details:

Does your child speak any language other than English?

YES / NO

If YES, which language/s:

How do you feel your child cope with starting a new school?

What are your child's hobbies, sporting interest and talents?

Has your child received support in Literacy?

YES / NO

If YES, please provide details of support:

Has your child received support in Numeracy?

YES / NO

If YES, please provide details of support:

Has your child received support to manage behaviour?

YES / NO

If YES, please provide details of support:

Has your child received counselling?

YES / NO

If YES, please provide details of counselling:

Are there any other issues concerning your child which would help the school provide the best possible learning environment?

Thank you for sharing this information with us. It will help make starting our school comfortable and class placement more effective for your child's needs