

Tell us about your child!

Please complete the following information about your child.

Students Name: _____

Birthdate: _____

Parent's or Carers Names: _____

If your child has siblings at Samuel Terry Public School, please add their names below.

Has your child attended pre-school, day care or family day care?

If your child has attended one of the above options, please include the name and location of the centre.

When did your child commence pre-school, day care or family day care and how many days per week did they attend?

Does your child know other children starting Kindergarten at Samuel Terry Public School?

YES NO

If yes, who will they know?

Can your child use scissors and hold a pencil to colour in?

Use scissors YES NO

Hold a pencil

What hand does your child tend to use the most when writing or colouring?

Can your child verbally express both positive and negative feelings?

YES NO LEARNING TO

Does your child play well with others?

YES NO LEARNING TO

Does your child do things for themselves? (dress self / tidy belongings / toilets themselves)

YES NO LEARNING TO

Does your child follow through when you give directions?

YES NO LEARNING TO

Please have your child write their name in this box