



Cromer Public School Kindergarten Commencement Info

Name: _____ D.O.B. _____ AGE at Jan: ___yrs ___mths

Preschool Yes No Where: _____

Age when first attended: _____ No. of days per week: _____

How did this experience affect your child and / or prepare your child for commencing school?

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

Family Background:

My child is the youngest eldest middle only child in a family of _____

My child lives together with both parents? Yes No

If no, please clarify custody/visiting arrangements and **supply the school with current documents if needed**

Has your child:

* experienced any difficulties with speech? Yes No

If so, please clarify: _____

* seen a speech pathologist? Yes No When: _____

* experienced any difficulties with fine motor activities? Yes No

If so, please clarify: _____

* seen an occupational therapist? Yes No When: _____

* had a hearing test? Yes No When: _____

* had a vision test? Yes No When: _____

* seen any other health specialist? Yes No Details: _____

* any other relevant medical history the school may need to be aware of? Yes No

(Eg: Asthma, allergies, etc)

Details: _____

Does your child:

* separate easily from you? **Yes** **No**

* show any anxieties / fears / nervous habits? **Yes** **No**

If so, please clarify: _____

* speak another language? **Yes** **No** Which language? _____

* read independently? **Yes** **No** At what age did your child learn to read? _____

Please list **3 books** your child has recently read independently _____

* write symbols or lines on the page? **Yes** **No**

* write letters of the alphabet correctly? **Yes** **No** If so, how many? _____

* write his/her name without help? **Yes** **No**

Please tick one column for each characteristic which best describes your child:

CHARACTERISTIC	YES	NO	AT TIMES
• Has lots of ideas			
• Asks many questions			
• Answers questions eg: why, what next???			
• Is able to concentrate for long periods of time			
• Understands requests of a 3 or 4 part sequence			
• Seeks clarification when unsure of something			
• Solves puzzles and games independently			
• Enjoys playing with children of the same age			
• Prefers to play with older children			
• Has a good memory			
• Wants to know HOW things work			
• Spoke fluently and used difficult words by 3 years of age			
• Has a large and extensive vocabulary			
• Interacts confidently with both peers and adults			

* Is there any other information that you feel would be important for the school to know about your child?
Eg: special needs, skills, etc

I give permission for the School to contact the Pre School, if necessary

PLEASE RETURN THE COMPLETED ENROLMENT FORM TO THE SCHOOL AT THE FIRST KINDER ORIENTATION ALSO, ANY SPECIALIST REPORTS ON YOUR CHILD WOULD BE GREATLY APPRECIATED TO HELP FULLY SUPPORT THEM HERE IN KINDERGARTEN AT CROMER PUBLIC SCHOOL.

THANK YOU FOR YOUR SUPPORT AND COOPERATION IN YOUR CHILD'S TRANSITION TO SCHOOL