

MERRIMAC STATE SCHOOL

New Student Information Sheet For the Class Teacher

Enrolment Date:		Date of Birth:				
Name of Child:						
Parent/Guardian Names:						
Any Siblings? Y /	N please list with ages					

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Has your child been to any of the following? (please name school)

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 teacher should know about:

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Has your child had any major illnesses/accidents/trauma? (please detail)

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

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Does your child speak any language other than English? Y/N Which language?.....

How will your child cope with starting a new school?

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• What are your	child's interests or	talents?		
• Has your child	received support ir	•	Yes / No Yes / No	
If Yes, what kin		Numeracy	7es / INU	
• Has your child	received support to	o manage beha	viour Yes/No)
If yes, what kind	d of support			
• Has your child	received counsellin	9	Yes / No	
If yes, what is t	he counselling relate	ed to		
•	other issues concer learning environmen	•	l which would help th	e school provide the
			ation with us. It w able and class pla	

more effective for your child's needs.

Interstate/Private School Enrolments only

As level standards and expectations may differ from Education Queensland it may be necessary for your child to receive a small amount of assessment to help with appropriate year level placement. Please advise the administration officer conducting your interview if you do not wish this to occur.