



WEST BEECHBORO PRIMARY SCHOOL

PRE-PRIMARY CHILD INFORMATION SHEET

Name of Child ..... M  F

Known Name ..... Date of Birth .....

Address ..... Phone .....

**Only to be completed if not born in Australia**

Father's Country of Birth .....

Mother's Country of Birth .....

Child's Country of Birth .....

Names and ages of other children in the family:

Name	Age
.....	.....
.....	.....
.....	.....

What language is spoken at home? .....

Can your child be understood by others when speaking? YES  NO

Has your child been to a speech therapist? YES  NO

Why/Where .....  
.....

Is your child left or right handed? .....

Has your child attended any 4 year old education centre? YES  NO

If yes, where/how many days? .....

Has your child been to see an optometrist/eye specialist? YES  NO

If yes, where/why .....

Has your child been to a hearing specialist? YES  NO

If yes, where/why.....

Is your child under medication? YES  NO

Is your child allergic to anything? YES  NO

Is your child independent with toilet routines? YES  NO

Is there any other relevant information, which may be of use to the teacher?

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**Custody & Guardianship Advice:**  
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**Pick up advice if other than a parent:**  
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.....

**Emergency Contact:**  
Name .....

Phone .....

Signed .....

Date .....