



WEST BEECHBORO PRIMARY SCHOOL

KINDERGARTEN 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:

Table with 2 columns: Name, Age. Three rows of dotted lines for input.

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 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:
.....
.....

Emergency Contact:
Name

Phone

Signed

Date