

# **ENROLMENT FORM PART 9**

**ESTABLISHED 2011**



**SPRINGFIELD  
CENTRAL SS**

**NEW STUDENT PROFILE**



# NEW STUDENT PROFILE

Please complete this form to the best of your knowledge to help up support your child as they begin at a new school.

<b>STUDENT NAME:</b>	<b>DATE OF BIRTH:</b>
<b>PARENT NAME/S:</b>	<b>GENDER:</b>
<b>NAME OF SCHOOL/KINDY/DAY CARE YOUR CHILD IS COMING FROM: (PLEASE LIST FULL NAME)</b>	<b>CURRENT YEAR LEVEL:</b>
<b>HAS YOUR CHILD EVER REPEATED OR MISSED A SIGNIFICANT PORTION OF SCHOOL?</b> YES      NO	<b>REASON</b>

<b>FAMILY CONSIDERATIONS</b>		<b>Comments/Details:</b>
Please describe your family situation: 1 parent/ 2 parent/separated?	YES      NO	
Do we need to be sensitive around father's, mother's or grandparents' Day? If so please detail.	YES      NO	
Are you a defence family?	YES      NO	
<b>CULTURAL BACKGROUND</b>		<b>Comments/Details:</b>
What culture does your child identify with?		
Are there any significant cultural events or traditions your child participates in?	YES      NO	
Will you be requesting permission for your child to wear culturally relevant jewellery? (please refer to Dress Code for process)	YES      NO	
<b>ENGLISH AS AN ADDITIONAL LANGUAGE</b>		<b>Comments/Details:</b>
Does your family speak a language other than English at home?	YES      NO	
If YES: which language/s?		
Has your child previously received EAL/D support at school?	YES      NO	
<b>SPECIAL NEEDS</b>		<b>Comments/Details:</b>
Does your child have any special learning needs?	YES      NO	
Has your child been diagnosed with a disability or learning difficulty by a medical specialist? (including paediatrician, psychologist, occupational therapist, speech language pathologist, etc) If so please comment →	YES      NO	
Has your child been supported by a special education unit or class?	YES      NO	
Has your child received intervention or external support for learning needs?	YES      NO	
<b>PERSONAL INTERESTS</b>		<b>Comments/Details:</b>
Does your child play an instrument? If so please detail	YES      NO	
Has your child represented the school, region or above in sport?	YES      NO	
Does your child excel in any particular area?	YES      NO	

BEHAVIOUR HISTORY			Comments/Details:
Does your child have a history of behaviour needs?	YES	NO	
Has your child ever been suspended from kindy/day care or school?	YES	NO	
Has your child ever been excluded from any school? (state or private)	YES	NO	
Is there anything specific the school needs to know about your child's behaviour? If so please comment →	YES	NO	
Please share your child's positive behaviour history. →			
SPECIAL CIRCUMSTANCES			Comments/Details:
Any family law, AVOs or other relevant court orders?	YES	NO	
Medical Conditions/any prescribed medication to be taken at school?	YES	NO	
Other: please identify any other special circumstances. →			

Please list your child's interests, strengths and any known weaknesses.		
INTERESTS	STRENGTHS	KNOWN WEAKNESSES

OTHER RELEVANT INFORMATION:

DATE COMPLETED: