

# STUDENT ENROLMENT QUESTIONNAIRE



Please take the time to complete this questionnaire to assist us in meeting your child's educational needs in the best possible way. Additional note space has been provided on the last page if there is insufficient space in some questions.

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Class: \_\_\_\_\_

		Yes	No
Allergic	Please list the allergies:		
Ice			
Band-aids	Band-Aid Assorted Plastic Breathable Protection Johnson and Johnson		
Sunscreen	Woolworths Sunscreen SPF 50plus 1 litre		
Insect Spray Repellant	Aeroguard Insect Repellant Tropical Strength 30g		
Hand Sanitiser	Accent or First Aiders Choice Hand Sanitiser		
Birth Certificate	Prep/Interstate/Overseas Only		

1. Things I like to do: \_\_\_\_\_

2. Things I'm scared of: \_\_\_\_\_

3. Summary of photo permissions:

Photos around the school  No  Yes

Photos can go in newsletter/online  No  Yes

Photos can go into local paper  No  Yes

4. Other notes (if insufficient space was provided):

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_