

## Child Biography

Please complete this form and return it three days prior to your child's Enrolment Interview via email or post.

This questionnaire is for the sole purpose of having a clear and full picture of your child and assessing the School's ability to meet your child's needs.

On page five you will find an excerpt of our Privacy Policy – the full Policy is available upon request from the School office or on the school website.

The placement of a student is conditional upon the parents' willingness to co-operate with major recommendations where they affect classroom behaviours and upon full and honest disclosure of the child's development, health and behaviour.

If you have more information you would like to share with us, please feel free to attach more details.

### Family Details

Child's Surname:		Given Name/s:	
Preferred Name:		English as a 2nd Language:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Birth:		Gender:	Male/Female (Please Circle)
1st Parent's Name:		Relationship to Child:	
2nd Parent's Name:		Relationship to Child:	
Other Caregiver:		Relationship to Child:	
With whom does the child live?			
Sibling Name:		Date of Birth:	
Sibling Name:		Date of Birth:	
Sibling Name:		Date of Birth:	
Sibling Name:		Date of Birth:	
Do both parents reside in the family home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO please describe the family situation:	
Do both parents work outside the home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please describe your occupation/s:	

## Home and Family

Describe your home life or beliefs which may be considered different or unique:					
Please describe your child's bedtime routine, including bedtimes and any patterns or sleep disturbances:					
Does your child watch TV and/or videos?		<input type="checkbox"/> YES <input type="checkbox"/> NO	How often?		For how long?
Does your child have access to & use of a computer?		<input type="checkbox"/> YES <input type="checkbox"/> NO	How often?		
Does your child attend music lessons?		<input type="checkbox"/> YES <input type="checkbox"/> NO	How often?	Instrument:	
Does your child attend any sport activities?		<input type="checkbox"/> YES <input type="checkbox"/> NO	How often?		Sport:
Does your child exhibit any discipline problems you find difficult & that may require assistance?					

## Child's History

Pregnancy: (Duration, complications etc):					
Birth: (Duration, premature, hospital/home, Caesar etc)					
Birth Weight:		Breastfed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Duration of breastfeeding:	
Child's development		Sitting at            months		Crawling at            months	
Standing at            months		Walking at            months		Talking at            months	
What age toilet trained:		Any difficulties:			
Is your child able to use the toilet independently?			<input type="checkbox"/> YES <input type="checkbox"/> NO	To attend school children need to be toilet trained.	
Does/did child wet the bed?		Circumstances:			
Does child have any habits? (Nail biting, hair sucking/twisting, thumb sucking etc)					

# Health and Development

PLEASE NOTE: For children with serious/special medical condition the School will provide a separate medical form when the child is formally accepted into the School.

Does your child suffer from Allergies? (Please give details)			
Food:			
Asthma:			
Eczema:			
Other:			
Does your child have any dietary restrictions?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please give details:	
Has your child been immunised?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please give details:	
Has your child had the 5 year old booster:			
Has your child ever been diagnosed with any of the following illnesses?			Mumps: <input type="checkbox"/> YES <input type="checkbox"/> NO
Pneumonia	<input type="checkbox"/> YES <input type="checkbox"/> NO	Chicken Pox	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Hepatitis	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Meningitis	<input type="checkbox"/> YES <input type="checkbox"/> NO
Whooping Cough	<input type="checkbox"/> YES <input type="checkbox"/> NO	HIV	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Measles	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Middle Ear Infect	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any other significant illnesses?			
Any ongoing treatment required?			
Does your child regularly or frequently take prescribed medicine?			<input type="checkbox"/> YES <input type="checkbox"/> NO
			Please give details:
Does your child suffer from ear or hearing problems?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Please give details:
Does your child have any speech development concerns?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Please give details:
Has your child ever had their vision tested?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Please give details:

Is your child?	(Please circle) LEFT HANDED/ RIGHT HANDED/ LEFT SIDED/ RIGHT SIDED
Does your child have any special needs or disability that require extra care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please give details:	

## Play

What family activity does your child particularly enjoy?	
Where does your child like to play?	
What are your child's favourite toys, games, activities?	
Does your child usually play:	(Please circle) ALONE/ WITH SIBLINGS/ WITH OLDER CHILDREN/ WITH YOUNGER CHILDREN
How does your child usually behave in the company of other children?	(Please circle) SHY/ CO- OPERATIVE/ AGGRESSIVE/ OUT-GOING
Has your child attended Childcare or Kindergarten?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Please give details:
Does your child have pets?	

## Additional Information

Is there anything specific you would like to discuss at the interview?	
Sometimes behavioural problems are associated with food intolerances, hearing difficulties, over stimulation or other disorders. If your child's teacher observes inappropriate behaviour and recommends another professional opinion, are you prepared to follow this advice?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Please give details:
Is there anything pertinent to your child's biography that has not been covered here?	

Has there been any major disruption (illness, separation, moving, travelling etc) in your child's life?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Please give details:	
Has your child experienced any counselling, play therapy etc?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Please give details:		

It is very important that you inform the School Immediately of any changes to contact or health information.

<p>PRIVACY CLAUSE</p> <p>1) The School collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the school to provide schooling to your son/daughter.</p> <p>2) Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.</p> <p>3) Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health laws.</p> <p>4) Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.</p> <p>5) The School from time to time discloses personal information and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, medical practitioners, and people providing services to the school, including specialist visiting teachers, coaches and volunteers.</p> <p>6) If we do not obtain information referred to above we may not be able to enrol or to continue the enrolment of your son/daughter.</p> <p>7) Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, and magazines.</p> <p>8) Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.</p> <p>9) As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes.</p>	
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<b>Signature of Parent/Guardian:</b>		<b>Date:</b>	
<b>Signature of Parent/Guardian:</b>		<b>Date:</b>	