



# 2017 STUDENT INFORMATION SHEET

*Care Strive Achieve*

Childs Preferred Name: \_\_\_\_\_ TA: \_\_\_\_\_

|  |  |
|--|--|
| Immediate family members including sibling ages.   |  |
| Living Arrangements  |  |
| Describe your child's personality.   |  |
| Friendship Groups  |  |
| Strengths/Weaknesses   |  |
| Interests and hobbies  |  |
| What does your child like to read? (fiction/non-fiction/online books/specific reading books) |  |
| Medical History (eg: glasses, OT, speech)  |  |
| Parent Concerns (social/emotional/academic)  |  |
| How do you assist your child at home with learning?  |  |

|   |  |
|---|--|
| Do you have any skills or expertise you can offer our class/school? |  |
| Please add any additional information that could be helpful.        |  |

Please provide the out of school activities (eg: footy, afterschool care, dancing etc) that your child is involved in on the timetable below.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

|                         |                         |
|-------------------------|-------------------------|
| Contact Person 1. _____ | Contact Person 2. _____ |
| Home: _____             | Home: _____             |
| Work: _____             | Work: _____             |
| Mobile: _____           | Mobile: _____           |
| Email: _____            | Email: _____            |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please note that if you are advising of new medical, health or contact details then you need to formally notify the front office to have these details amended on our system.**