

BEACON HILL PUBLIC SCHOOL

Parent Information Sheet



Child's Name _____ Date of Birth _____

Does your child attend pre-school or day care? YES NO

How many days per week does your child attend? _____

Name of Pre-School _____ Phone No _____

Name of Day Care _____ Phone No _____

Address _____

Do you consent to us contacting the pre-school/carers mentioned above to establish any special needs for your child? YES NO

Does your child enjoy the experience of pre-school? YES NO

Has your child attended any support agencies prior to school? (eg occupational therapy, speech therapy, optometrist) YES NO

Please specify _____

If so, do you have any reports that you would be happy to share with the school? YES NO

If your child has attended a support agency, would you be happy for the school to make contact with the support agency/ies if necessary to discuss any concerns? YES NO

Relating to the above question, is there anything else you would like to share?

What are the highlights of your child's pre-school experiences? _____

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Name three children who would be a good friend to your child. Placement with these children will not be guaranteed but will be taken into consideration when classes are being formed.

1. _____
2. _____
3. _____

Please supply any additional information or comments that could help us make the transition to school an exciting and enjoyable experience for you and your child.

Signed _____

Date _____

