We would like to get to know you for 2021!

This form helps us plan for your child’s start to Rangeview and gives us information to help create a smooth transition to primary school. Due consideration will be given to the information provided. Please return this form by November 31st 2020.

My child’s name: (as on birth certificate): \_\_\_\_\_\_\_\_\_

My child’s preferred name: \_\_\_\_

**Pre-School History:**

Name of Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Kinder Group (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many days/hours does your child attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My Child’s Friends:** (This is very important as it help us consider class placement)

Please list up to 5 friends who will be attending Rangeview Primary School in 2021. You may also list any children your child knows. We consult with pre-school teachers and ***try*** our best to place your child with at least one special friend.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical / Behavioural / Social notes:**

Please list any medical, behavioural or social issues that are relevant to the education of your child. These can include speech, developmental, medical and referrals (please turn over if you require extra space to write)

Other insights:

* Do you speak another language other than English at home? Language, if other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If so, how often does your child speak English?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Will your child be using Before and After School Care? Yes / No
* Does your child have trouble separating from you? Yes / No
* Can your child recognise his/her name in print? Yes / No
* Can your child write his/her name? Yes / No
* Which is your child’s preferred hand? Left / Right
* Please write down any information you think we need to know when planning for your child’s education (please turn over if you require extra space to write)