

THOMAS ACRES P.S. TRANSITION GROUP

ENROLMENT FORM 2022

YOU ARE ENROLLING YOUR CHILD TO ATTEND THOMAS ACRES PUBLIC SCHOOL TRANSITION GROUP.

TRANSITION GROUP RUNS ON WEDNESDAY MORNINGS FROM 9.30am until 10.45am.

We encourage you to leave your child in the Transition Room with our qualified teaching staff (Mrs Sannio and/or Mrs Azevedo), and return to the Parent Chill-Out Area (usually in the School Hall) with Miss Amanda and/or Veronica Kinchela (our AEO).

During this time you can enjoy a tea/coffee and refreshments, get to know other parents, as well as chat to our staff about school. There will be some information sessions held throughout the year that will assist with how you can help your child at home with their learning.

It is imperative that you stay on school grounds for the duration of the Transition Group Class.

We will be taking photos of the group and individual children. These photos are shared on our Transition / Kindy 2023 Seesaw Group, and sometimes posted onto our school's FaceBook page, social media (Twitter) and our school's website.

Parent permission for photography (please select and tick your preference):

- I DO give permission for my child ______ to have their photograph taken and be published when required.

SIGNED:	
NAME:	
	_

DATED:	
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CHILD'S DETAILS	
First Name:	
Family Name:	
Preferred Name:	
Current age:	Date of Birth:
Gender:	Please circle: Male / Female
Is the child of Aboriginal or Torres Strait Islander origin?	Please circle: YES / NO
	If yes, what is your Tribal/Mob Group:
Main language spoken at home:	
Has your child had their vision checked in the past 3 months?	Please circle: YES / NO

CHILD'S MEDICAL DETAILS					
Does your child have any allergies?	Please circle:				
Eg. peanuts, bee stings	YES / NO				
If yes, what allergies?					
Does your child have any Medical Conditions or Health	Please circle:				
Care Plans?	YES / NO				
Eg. diabetes, asthma					
If yos, plaasa provida datails					
If yes, please provide details of the condition?					
Door your child have special	Please circle:				
Does your child have special needs?	YES / NO				
Eg. Autism, hearing impairment, language					
disorder, physical disability,	r, physical disability, If yes, please provide details of special needs:				
vision impairment, behaviour disorders					

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PARENT/CARER DETAILS	
Name:	
Relationship to child:	
Contact details:	Mobile number
	Other telephone number Home address:
	Email address:
Main language spoken at home:	
Are there any Parental / Family Court Orders in place?	Please circle: YES / NO

Emergency Contact Person:	
Lineigency contact reison.	
	Name
	Polationship to shild
	Relationship to child
	Contact number
Does your child have any	Please circle:
siblings already at Thomas	
Acres Public School?	YES / NO
	If yes, please provide their names:
Does your child know any	Please circle:
other students at Thomas	YES / NO
Acres Public School?	
	If yes, please provide their names:

GETTING TO KNOW YOU AND YOUR CHILD

Has your child seen any of the following specialists:	Speech Therapist	YES	/	NO
	Occupational Therapist	YES	/	NO
	Physiotherapist	YES	/	NO
	Other services your child has acc	essed:		
De se verre skild etter de rev				
Does your child attend any of the following?	 Long Day Care 			
If so, please provide details of where and how often.	 Occasional Care 			
	O Pre-School			
	 Family day care Other formal care 			

	Please circle:
Does your child know any other children coming to Transition?	YES / NO
	If yes, what are their names?
Will your child be starting Kindergarten in 2023?	Please circle: YES / NO / STILL DECIDING
	If yes, will your child be attending Thomas Acres Public School?
	YES / NO / NOT SURE
Do you have any concerns about your child starting school next year?	Please circle: YES / NO
	If yes, please briefly outline those concerns:

Please list three of your child's favourite interests/activities:	1. 2. 3.	
Please provide any other information about your child that you feel would be important for us to know: (eg. fears, special skills, likes/dislikes)		