



# BOONDALL STATE SCHOOL

## 2026 Prep Student Enrolment Interview Form

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please circle : Male / Female

IN catchment / **OUT of catchment**

Parent's/Carer's Names: \_\_\_\_\_

Preferred email address: \_\_\_\_\_ Preferred Phone number: \_\_\_\_\_

Names and ages of ALL siblings (including step siblings) in the family:

Sibling/s name	Current Age	Comments (e.g. Attends BSS)

Have you had any recent family changes? (moved house, absence of parent, family illness) ☐ No ☐ Yes

### Medical History

Disability : HI ☐ VI ☐ PI ☐ II ☐ ASD ☐ ADHD ☐

Does your child take any medications or attend physical therapy sessions on a regular basis?

☐ No

☐ Yes - Please note details \_\_\_\_\_

Has your child been immunized? ☐ Yes ☐ No

Does your child have any medical conditions, special diet, specific food allergies or intolerances that teachers would need to be informed of?

Has your child attended a Pre-Prep/ Kindy / Child-Care/Family Day Care prior to commencement at BSS?

☐ No ☐ Full time ☐ Part-time (Number of hours: \_\_\_\_\_)

Full name of childcare service (Eg Sunkids, Muller Rd or Sunkids East, Sandgate Road) and type of care facility?

## Parental Permission

*I hereby give permission for Boondall SS staff to liaise with my child's Pre-Prep provider to gather information, which will inform class placements and assist in planning for a smooth transition to schooling.*

Parent/Carer Name \_\_\_\_\_ Parent/Carer Signature \_\_\_\_\_

## **FRIENDSHIPS**

Are there any considerations around class placement we should be aware of eg. friends, relatives also attending Boondall State School?

Reasons: \_\_\_\_\_

## **CULTURE AND RELIGION**

Are languages other than English spoken at home? Yes ☐ No ☐

What is the main language spoken by parents? \_\_\_\_\_ By the child? \_\_\_\_\_

At what age did you child start speaking English? \_\_\_\_\_

Religious beliefs? \_\_\_\_\_ Additional considerations? \_\_\_\_\_

## **LIKES/ DISLIKES**

What are your child's favourite things to do? \_\_\_\_\_

What is something your child is good at? \_\_\_\_\_

Does your child have any fears or dislikes? \_\_\_\_\_

## **SUPPORT, INTERVENTION & TESTING**

(Has your child had any of the following?)

4 Year Old Health Check?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Eye Test	<input type="checkbox"/> No	<input type="checkbox"/> Yes: at what age _____
Hearing Check	<input type="checkbox"/> No	<input type="checkbox"/> Yes: at what age _____
Speech Language Pathology	<input type="checkbox"/> No	<input type="checkbox"/> Yes: at what age _____
Occupational Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes: at what age _____
Physiotherapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes: at what age _____
Paediatrician	<input type="checkbox"/> No	<input type="checkbox"/> Yes: at what age _____

**Other/Notes:** *Attach any reports / letters etc. that are relevant*

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LANGUAGE & LITERACY		
Can be understood by non-family members	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sings common nursery rhymes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Follows instructions of three steps	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Enjoys being read to	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Engages in stories (Turns pages/ joins in)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can recognise own name	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Any Language/ literacy concerns:</b>		
BEHAVIOUR		
Willing to attempt new activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can ask for help when having difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Able to sit and focus for 5 minutes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Follows simple rules	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Any behavioural concerns/issues:</b>		
MOTOR SKILLS		
Can hold a pencil	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can use scissors	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can walk up and down stairs unassisted	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Confidently plays on park equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Any motor skills concerns/ issues:</b>		
GENERAL/ SOCIAL		
Used to having a day time sleep	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Able to go to the toilet by themselves	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Able to dress and undress themselves	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Gets along with peers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Shares and takes turns with others	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Separates from parents/ carers easily	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Any other general concerns/ issues:</b>		

Tick the sessions you will be attending (We recommend attending all 4)			
<b>Orientation 1</b> Tuesday 21 Oct 9.10-9.50am	<b>Orientation 2</b> Tuesday 28 Oct 9.10-9.50am	<b>Orientation 3</b> Tuesday 11 Nov 9.10-9.50am	<b>Orientation 4</b> Tuesday 18 Nov 9.10-9.50am

**Additional information**

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