



BOONDALL STATE SCHOOL

2023 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:

Siblings name	Current Age	Comments (e.g. Attends BSS)

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

Does your child take any medications on a regular basis?

No
 Yes - Please note medication and dosage _____

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?

[Please complete PARENTAL PERMISSION form on next page](#)

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 ?

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*

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"/>
Any Language/ literacy concerns:		
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"/>
Any behavioural concerns/issues:		
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"/>
Any motor skills concerns/ issues:		
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"/>
Any other general concerns/ issues:		

Tick the sessions you will be attending (We recommend attending all 4)

Orientation 1 Wednesday 19 Oct 9:00am – 10:00am <input type="checkbox"/>	Orientation 2 Wednesday 26 Oct 9:00am - 10:00am <input type="checkbox"/>	Orientation 3 Wednesday 16 Nov 9:00am – 10:00am <input type="checkbox"/>	Orientation 4 Wednesday 23 Nov 9:00am – 10:00am <input type="checkbox"/>
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Additional information
