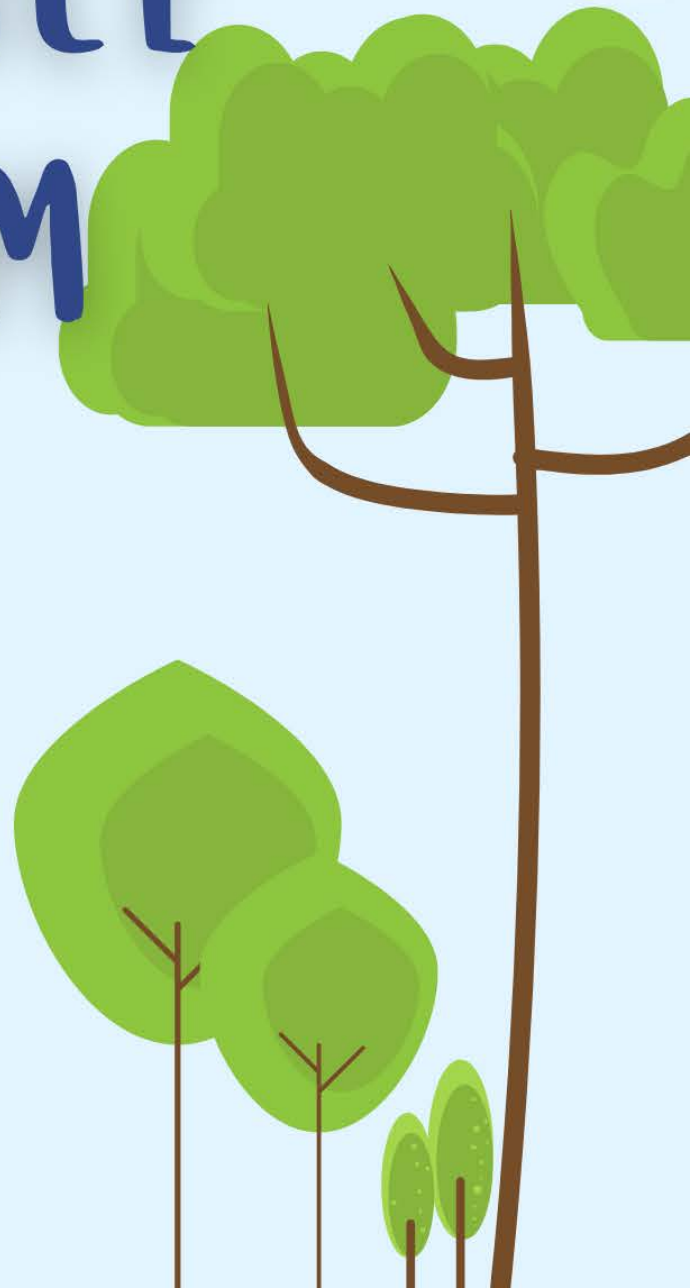




GLENORE GROVE
STATE SCHOOL

NEW STUDENT PROFILE FORM



NEW STUDENT PROFILE



Student Name:	Date of Birth:
Parent Name:	Gender:
Name of School/Kindy/Daycare your child is coming from:	Current Year Level:
Has your child ever repeated or missed a significant portion of school? Yes <input type="radio"/> No <input type="radio"/>	Reason:

Family Considerations	
Please describe your family situation: 1 parent/ 2 parents/separated	Yes <input type="radio"/> No <input type="radio"/>
Do we need to be sensitive around father's, mother's or grandparents day? If so please provide detail	Yes <input type="radio"/> No <input type="radio"/>
Are you a defence family?	Yes <input type="radio"/> No <input type="radio"/>

Comment/ Details

Cultural Background	
What culture does your child identify with?	
Are there any significant cultural events or traditions your child participates in?	Yes <input type="radio"/> No <input type="radio"/>
Will you be requesting permission for your child to wear culturally relevant jewellery? (pleas refer to Dress Code for process)	Yes <input type="radio"/> No <input type="radio"/>

Comment/ Details

English as an Additional Language	
Does your family speak a language other than English at home?	Yes <input type="radio"/> No <input type="radio"/>
If YES: Which Language/s?	
Has your child previously recieved EAL/D support at school?	Yes <input type="radio"/> No <input type="radio"/>

Comment/ Details

Special Needs	
Does your child have any special learning needs?	Yes <input type="radio"/> No <input type="radio"/>
Has your child been diagnosed with a disability or learning difficulty be a medical specialist? (including paediatrician, psychologist, occupational therapist, speech language pathologist etc) If so please comment	Yes <input type="radio"/> No <input type="radio"/>
Has your child been supported by a special education unit or class?	Yes <input type="radio"/> No <input type="radio"/>
Has your child received intervention or external support for learning needs?	Yes <input type="radio"/> No <input type="radio"/>

Comment / Details



Personal Interests

Does your child play an instrument?	Yes <input type="radio"/> No <input type="radio"/>
Has your child represented the school, region or above in sport?	Yes <input type="radio"/> No <input type="radio"/>
Does your child excel in any particular area?	Yes <input type="radio"/> No <input type="radio"/>

Behaviour History

Does your child have a history of behaviour needs?	Yes <input type="radio"/> No <input type="radio"/>
Has your child ever been suspended from kindy/daycare or school?	Yes <input type="radio"/> No <input type="radio"/>
Has your child ever been excluded from any school? (state or private)	Yes <input type="radio"/> No <input type="radio"/>
Is there anything specific the school needs to know about your child's behaviour? If so please comment	Yes <input type="radio"/> No <input type="radio"/>

Please share your child's positive behaviour history

Special Circumstances

Any family law, AVOs or other relevant court orders?	Yes <input type="radio"/> No <input type="radio"/>
Medical conditions/ any prescribed medication to be taken at school?	Yes <input type="radio"/> No <input type="radio"/>

Other: please identify any other special circumstances

Comment/ Details

Comment/ Details

Comment/ Details

Please list your child's interests, strengths and any known weaknesses

Interests	Strengths	Known Weaknesses

Other relevant information:

Date completed: