

POKENO SCHOOL

GETTING TO KNOW ME – NEW ENTRANTS



We are collecting information for the classroom teacher. This information helps the teacher to know your child more quickly and help them settle into school. We encourage you to complete this with your child.

Students name: _____ Age: _____ DOB: _____

Parents names: _____

Place in family: _____ out of _____ Siblings Names: _____

Tell me a little bit about your family:

And your child:

Early educational experiences (playcentre, kindergarten etc):

First Language:

Likes:

Dislikes:

Milestones:

Talked at:

Walked at:

Toilet trained at:

How does your child react to new people / experiences?

What is the most important thing that you would like us to know about your child?

Would you like your child to:

Take part in Bible in Schools? Yes No

Parent Signature:

Office Use Only

Date Received:

Year Level:

Room:

Start Date: