

POKENO SCHOOL

GETTING TO KNOW ME – YEAR 1 - 8



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 you and your family:

Where did you live before moving to Pokeno?

First Language:

Likes:

Dislikes:

What are your favourite subjects at school?

What things are you good at?

What do you like to do at lunchtime?

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

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: