



Prep Questionnaire

(2025 school year)

Student Information

****Please tell us a little bit of information to support your child's transition to our school.**

Child's Name: _____ D.O.B: ____ / ____ / ____ - ____

Preferred Name: _____ Left or Right Handed (if known): _____

Parent's/Guardian's Names: _____

Names and ages of siblings in the family:

Siblings Names	Current Age	Class Teacher (Year started at KG if applicable)	Comments (if required)

What Pre-Prep experiences has your child had?

Kindergarten Family Day Care Long Day Care Pre-Prep

Name of Centre: _____

How many days? _____

How do you think your child will settle into Prep?

Does your child participate in any out-of-school activity? eg soccer, craft, drama, dance, music?

How well does your child play with other children? _____

What are your child's special interests? _____

What is your child good at? _____

Do any areas of your child's development concern you? (eg late milestones, difficult pregnancy or birth, fears, security toys or habits) Please comment:

Does your child have any health issues that we need to be aware of? E.g. allergies, food intolerances, dietary requirements, developmental concerns, recent hospital admissions or operations, asthma

Action to be taken:

Details: _____

Has your child ever had any serious illnesses or accidents? No Yes

Details: _____

Is your child under medical treatment or taking medication? No Yes

Details: _____

Has your child been assessed or received support in any of the following areas?

Area	Date	Reports
Physiotherapy		
Speech and Language		
Hearing		
Vision		
Toileting		
Behaviour		
Sleep disturbance		
Guidance Officer		
Special Education		
Occupational Therapy		
Has your child had a hearing test? Yes / No	If yes:	

Is your child fully independent with toileting? No Yes _____

Are there any court orders? No Yes

If yes, elaborate:

English as an Additional Language and Dialect

Does your child speak another language? No Yes

If yes, what language is generally spoken at home? _____

Are there any cultural, religious or family circumstances that we need to be aware of?

Does your child know any other children in the Prep year? _____

Is there any other information you would like us to know about your child?

How can you participate in the Prep program? Eg. preparing resources at home /excursions / swimming

Do you have any skills or hobbies you would be willing to share at Prep?

Name: _____

Signature: _____ Date: _____

School and Community Partnerships

Are you interested in joining the school JSP&C?

- No
- Yes -

Are you also interested in helping with the following JS P&C Events:

- Movie Night No Yes
- Christmas Appeal No Yes
- Mothers' Day/Fathers' Day Stall No Yes
- Trivia Night No Yes
- Disco support No Yes
- Creative Expo support No Yes
- Library Night/Visual Art Night Event No Yes

If you ticked yes to any of the above, please complete the following:

Email: _____

Phone: _____

We value parents as partners in the education of their child. Thank you for sharing this information with us.

Name: _____

Signature: _____ Date: _____