

**Dear Prep Parents and Caregivers,**

As your child's Prep Team, we are looking forward to welcoming you and your family to Kuluin State School. We understand that starting school is a big milestone, and we want to make the transition into Prep as smooth and positive as possible for your child.

You know your child best, and the information you share with us is invaluable in helping us create a supportive and engaging start to their learning journey. Important details about your child's family, cultural background, interests, developmental milestones, and personality can help us better understand and connect with them from day one.

To support this, we ask all Prep parents and caregivers to complete the attached **Prep Enrolment Questionnaire**. This helps us tailor learning experiences and classroom supports to suit your child's unique needs and stage of development. All information provided will be kept confidential and added to our school records.

Also included is a fun page for your child to complete, where they can practise writing their name and draw a picture of their family. This gives us a special glimpse into their world.

Please return the completed questionnaire and child page by **Friday 22 October**.

If you have any reports from external specialists (e.g. Speech Pathologists, Occupational Therapists, Paediatricians), we would greatly appreciate a copy, if you are comfortable sharing them.

Should there be any questions that you prefer not to answer on paper due to sensitive circumstances, please don't hesitate to speak with us directly. We are here to support both you and your child every step of the way.

Warm regards,



**Jessica Thompson**  
*Prep- Year 2 Deputy Principal*

**The Prep Team**  
*Kuluin State School*

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An Education Queensland State Primary and Special Education Campus



### Prep Enrolment Questionnaire

Child's name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_\_\_

Parent/Caregiver Names: \_\_\_\_\_

Siblings- Names and Ages:

Sibling Name	Current Age	Comments: School they attend etc

Any information on recent family changes or in the past? e.g. just moved house, absence of parent, separation, family illness etc. (if yes, please detail) ☐ Yes ☐ No

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Has your child attended a Kindy or Child-Care/Family Day Care prior to commencement at The Kuluin School?

☐ Yes ☐ No

☐ Full time (at least six hours a day, 5 days a week)

☐ Part time (less than six hours a day, or not every day). How many days/ week? \_\_\_\_\_

What type of care facility (please circle) Kindy Program Long Day Care Family Day Care

Centre Name: \_\_\_\_\_

Who will be collecting your child from Prep? \_\_\_\_\_

Friends my child knows coming to Kuluin? \_\_\_\_\_

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### CULTURE AND RELIGION

Is there any information on your family's cultural background, languages other than English spoken at home, religious beliefs etc. we need to consider in the program? ☐ Yes ☐ No

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## INTERESTS

List areas of play/learning that your child is interested in:

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Does your child participate in out of school activities e.g. soccer, pottery, drama, dance, music, swimming?

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## MILESTONES

Are you concerned about any aspect of your child's development &/or wellbeing? Please state.

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## SUPPORT, INTERVENTION AND TESTING

Has your child had any of the following assessments/support?

Hearing assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Vision Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Speech Language Pathologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Early Intervention Supports Such as Bush Kids	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Psychologist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Paediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

What assistance has been provided for any of the above? (Please provide any reports you may have)

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## SOCIAL & EMOTIONAL

Socialises with family and friends in an appropriate manner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Is able to share toys or items with others with minimal support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Stays in own yard or playground area without leaving	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Is able to listen to and follow instructions given.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Enjoys playing with others and plays respectfully with all.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Is able to toilet independently	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Is able to dress independently	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

Is there anything else you would like to share with us to best support your child's transition to Kuluin State School

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Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

To allow us to have an insight to your child please support them to complete the following page with as much independence as possible.



My name is:



I am \_\_\_\_\_ years old.

My Family Drawing:

