



PREP ENROLMENT QUESTIONNAIRE

Please take time to share with us the following milestones and checklists so we can help support your child's entry to Prep at Landsborough State School as best we can

CHILD INFORMATION

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

Parent's/Carer's Names: _____

Names and ages of siblings in the family:

Siblings name	Current Age	Comments (e.g. Attends LSS)

Any information on family changes recently? I.e. just moved house, absence of parent, family illness etc

No Yes

What arrangements have you made for bringing and collecting your child to school? Please remember drop off before 8:30am is to be in the hall.

By Whom?

Classroom drop off/pick up Front gate drop off/pick up Catching Bus to /from
 Other: _____

Does your child take any medications on a regular basis? Please note our policy in the Prospectus.

No Yes please note medication and dosage _____

Has your child been immunized? Yes No

Does your child have any medical conditions, special diet, specific food allergies or intolerances?

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

No Yes Full time (at least six hours a day, 5 days a week)
 Part time (less than six hours a day, or not every day)

What type of care facility? If so which one? _____

If your child attended Kindy or a Childcare Centre setting prior to enrolment, please complete the permission below allowing us to contact your child's centre to gather information to support their transition to schooling.



Parental Permission

I hereby give permission for Landsborough staff to liaise with my child's Pre-Prep provider to gather information which will inform class placements and assist in planning for a smooth transition to schooling.

Parents Name _____ Parent / Carer's

Signature _____

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?

No Yes

Does your child attend any language or religion classes e.g.: Sunday school

SUPPORT, INTERVENTION AND TESTING

Has your child had any of the following areas?

- Eyes and Hearing Check No Yes: at what age _____ for how long _____
- Speech Language Pathology No Yes: at what age _____ for how long _____
- Occupational Therapy No Yes: at what age _____ for how long _____
- Physiotherapy No Yes: at what age _____ for how long _____
- Development Assessment Team No Yes: at what age _____ for how long _____
- Guidance Officer No Yes: at what age _____ for how long _____
- Pediatrician No Yes: at what age _____ for how long _____
- Learning Support No Yes: at what age _____ for how long _____

Other: _____

What assistance has been provided for any of the above? (Please attach any extra pages if needed)

YOUR FUTURE OUR FOCUS



LANDSBOROUGH
STATE SCHOOL
Your Future Our Focus







Holding a pencil

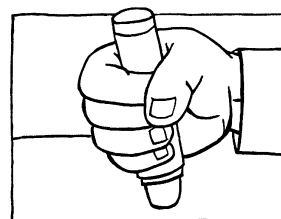
During the Preparatory year, children develop their ability to control a pencil and other writing/drawing tools.

Watch how your child holds the pencil so you can prompt them to move to the next developmental stage when they are ready.

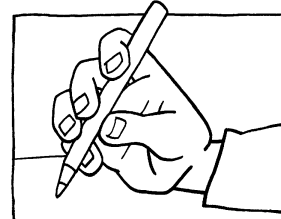
Your child may be able to attempt a more mature grip for a short time, but will often go back to using a less mature grip if their strength and control are not fully developed.

It will not help your child to force them to hold a pencil correctly. Their pencil grip will develop over time with encouragement and as they build strength and control.

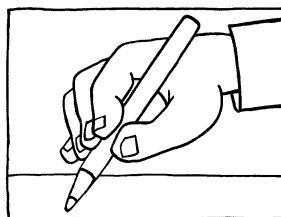
Initial grip – Pencil is held tightly in a fist-like grip. Fingers grip around the pencil with the thumb wrapped or resting on top of fingers. The pencil is often straight up and down.



Early grip – One or more fingers and the thumb are wrapped around the pencil or the pencil is held by all finger pads/joints and the thumb joint/pad (not tip). Hand moves stiffly.



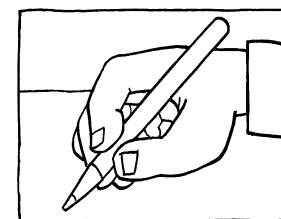
Transitional grip – The pencil is held between the thumb tip and two or three fingertips/pads. The pencil rests on the 'webbing' between the thumb and index finger. The whole hand moves in a stiff action.



Correct grip – The pencil is held between the thumb tip and index finger. The pencil rests near the joint of the middle finger. Fingers, hand and wrist move freely.

To help your child develop pencil control:

- provide thick pencils/crayons/pens, then gradually reduce the thickness of the tools;
e.g. medium thickness and finally standard pencil thickness
- allow your child to build their hand strength;
E.g. gripping and swinging on monkey bars/ropes, digging with a sandpit shovel, squeezing water from shampoo/detergent bottles and using trigger-spray containers help your child to develop hand and finger control. Allow them to cut and glue small objects, use construction sets, and manipulate puzzle and game pieces.



Beginner's Alphabet handwriting chart

a A b B c C d D e E f F g G

h H i I j J k K l L m M n N

o O p P q Q r R s S t T u U

v V w W x X y Y z Z

