

Student Information Questionnaire 2018

Student's Name _____ Nickname (if any) _____

Name/relationship of person completing questionnaire _____

Family Information

Mother's name _____ Father's name _____

Other _____ Relationship _____

Medical Information

Is your child supposed to be wearing glasses? _____ For reading / board work

If your child **IS** supposed to be wearing glasses, will he or she have them at school?

Y / N If not, please explain: _____

Additional Information

What are your child's favourite subjects/ strengths / main interests/ special abilities?

Explain which areas you feel your child needs help:

Explain anything else you think the teacher should know:

Thank you for taking the time to complete this questionnaire.

Engadine Public School Staff