



2020 WYONG PUBLIC SCHOOL LEAP INTO LEARNING

Kindergarten Transition to School Program Enrolment Form



Child's Details

Child's surname	Child's first name	Date of birth	Gender

Home Address:

Phone Number Email address

Please number your preferences with 1 and 2 for attendance to Leap into Learning – Please note that this does not guarantee your child a place in this session.

	Thursday 9.00am – 11.00am		Thursday 1.00pm – 3.00pm
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*****please supply Original Birth certificate, Immunisation certificate and a copy of lease, rates or utility account with this form**

Parents/Caregivers Details

Name	Relationship to Child	Phone Home or Work	Mobile No

Are any siblings currently enrolled in a NSW Government school, TAFE or University? If so please provide details.

Sibling's Name	School, TAFE or University	Date of Birth

- Is your child Aboriginal or Torres Strait Islander Yes / No
- Language – Does your child speak a language other than English Yes / No
- Has the child newly arrived in the Country or State Yes / No

Emergency contact persons (relative or friend who could take care of your child if you cannot be contacted).

	Contact 1	Contact 2
Name		
Relationship to child		
Phone No.		
Mobile No.		

What type of care does your child have currently?

- | | | |
|--|--|--|
| <input type="checkbox"/> Long Day care | <input type="checkbox"/> Family Day Care | <input type="checkbox"/> Occasional Care |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Other formal care | <input type="checkbox"/> Other care (e.g. parent, relative, playgroup etc) |

Name of Preschool, long day care or other formal care service

Contact Person:..... Phone No:

PLEASE TURN OVER

Amount of formal care each week:

- Up to 6 hours per week
- Up to 12 hours per week
- 12 hours to full time each week

Is your child a young person with:

- autism
- an intellectual disability
- a physical disability
- difficulties in basic areas of learning
- behaviour disorders
- a language disorder
- a vision impairment
- a hearing impairment
- mental health issues
- acquired brain injury

Other (please specify)

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Is your family supported by any other services? (eg. Family Support, Disability Support etc....)

If yes please detail below:

Name of Organisation	Contact Person	Phone No

Are there any aspects of your child's health we need to be aware of? Yes / No
 (e.g. medicated at home or school, allergies, medical condition)

If yes please specify:

In case of emergency, I give permission for my child to be taken to the nearest medical facility.

Name: (Please print) (Signature)/...../..... (Date)

Additional Consent Form

All Areas Speech Pathology

I give permission to screen/assess speech and hearing Yes / No

Accessing Leap into Learning Kindergarten Information

I give permission for teaching staff to access information on my child gained from the "Leap into Learning" Kindergarten transition Yes / No

My child has already had the 4 Year Old Health Check

If not, I give permission for my child to have a 4 year old health check provided by Area Health Services. Yes / No

Permission to publish students' work in all forms of media

I give permission for the school to publish my child's work Yes / No

Photographed and published in various publications and all forms of media

I give permission for my child to be photographed and the photos published in various publications and all forms of media. Yes / No

External Services

I give permission for staff at Wyong Public School to contact any external services named above who are working with my child and family. Yes / No

Name of person completing this form:

..... (Please Print) (Signature)/...../..... (Date)