



# 2025 PREP INFORMATION FORM

We would appreciate you taking the time to provide us with some information that will help us to get to know and understand your child.

CHILD'S FULL NAME: \_\_\_\_\_

PARENT/CARER NAMES: \_\_\_\_\_

BEST CONTACT NUMBERS: 1. \_\_\_\_\_ 2. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**FAMILY INFORMATION:** Please list all the children in your family from the oldest to the youngest.

NAME	AGE	CURRENT SCHOOL (if applicable)	YEAR LEVEL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who will usually be bringing and collecting your child from Prep? Please give full name and relationship:

\_\_\_\_\_

**CHILD INFORMATION:**

Does your child currently attend:  Family Day Care  Kindergarten  Long Day Care  Other  None

Name of care provider: \_\_\_\_\_

How many Kindy days per week do they attend? (Please circle) 1 2 3 4 5

Are you willing to provide a copy of your child's Transition Statement from Kindy?  Yes  No

Does your child have any friends from their Kindy who are also starting at Raceview? If so, please write names.

\_\_\_\_\_  
\_\_\_\_\_

What are some of your child's likes and interests:

\_\_\_\_\_  
\_\_\_\_\_

How confident / anxious do you think your child will be starting Prep?

Very anxious  A little anxious  Not anxious but not confident  Confident  Very confident

In most cases, your child makes choices:

independently  with some help from others  dependent on others

Does your child display any disruptive or inappropriate behaviours? (Please list)

\_\_\_\_\_

Are there any other questions/issues/comments you would like to mention:

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**FAMILY BACKGROUND INFORMATION:**

Is your child of Aboriginal or Torres Strait Island origin?

No  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander

Does your family hold any religious or cultural beliefs that we should be aware of?

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Does your *family* speak or use a language other than English at home?

Yes  No If yes, what language: \_\_\_\_\_

Does your *child* speak or use a language other than English at home?

Yes  No If yes, what language: \_\_\_\_\_

Have there been any major changes in your family situation recently e.g. new house, birth, death, separation etc.?

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**CHILD'S DEVELOPMENT:**

Please give details if your child has/had any serious illnesses, injuries, allergies or has any physical disabilities:

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Will your child need to take any medication at Prep? (Please give details)

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Has your child been assessed by, or referred to, any specialist services e.g. Speech Therapist, Paediatrician etc? \_\_\_\_\_

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Please tick to indicate whether your child has had a hearing and/or vision test within the last 6 months.

Hearing test Results: \_\_\_\_\_  Vision Test Results: \_\_\_\_\_

Are there any areas of your child's development that you are concerned about, or that have you noticed are different from other children e.g. speech, hearing, ability to climb etc?

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Does your child have any toileting issues eg. regular accidents, physical conditions?

Yes  No If yes, give details: \_\_\_\_\_

*Thank you for your cooperation in completing this questionnaire. We look forward to having your child make a successful start at school next year.*

