



PARKHURST STATE SCHOOL

Enrolment Questionnaire

Student's Name _____ Date of Birth ____/____/____

Enrolling for Year Level _____

1. Why did you choose to enrol your child at **Parkhurst State School**?

2. What are your expectations for what **Parkhurst State School** will do for your child?

3. What strengths and challenges do you perceive your child as having?

4. Does your child have any special educational needs?

5. Has your child received any special support in previous schools that he/she has attended? What type of support was it?

6. Are there any behavioural issues that concern you, or that you believe we should be aware of? (eg; a difficulty in making friends, aggression, phobias, overt shyness, etc.)

7. Are there any family circumstances that you believe we need to be aware of?

8. Does your child have any medical conditions that you think we should be aware of?

9. Would you consider volunteering, either in the Classroom or at the Tuckshop?

Thank you for taking the time to complete this Questionnaire