



# PARKHURST STATE SCHOOL

## Enrolment Questionnaire

Student 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 your child at **Parkhurst State School** ?  
\_\_\_\_\_
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 ? (e.g; 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 ?  
\_\_\_\_\_

*Thankyou for taking the time to complete this Questionnaire.*