



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.