



Malanda

State School

work with pleasure

Mary Street (PO Box 15) Malanda QLD 4885 • Ph: 07 4096 7888 • www.malandass.eq.edu.au



welcome to the Malanda family

Malanda State School Enrolment

Purpose: 'All people are unique and open-sharing of information is imperative to ensuring success for all members of our Malanda Family'

Completed by Parent/Carer as part of the enrolment paperwork process (prior to enrolment interview)			
Student name:		Year level:	
Parent/carer name:		Parent/carer name:	
1. What are your child's strengths?			
2. What support may your child require?			
<input type="checkbox"/> Academic	<input type="checkbox"/> Social	<input type="checkbox"/> Behaviour	<input type="checkbox"/> Health
3. Confidence & Getting Along – which words best describe your child? <i>(Tick the ones that apply)</i>			
<input type="checkbox"/> Happy most of the time	<input type="checkbox"/> Willing to try new things	<input type="checkbox"/> Joins in conversations	
<input type="checkbox"/> Mature for their age	<input type="checkbox"/> Immature	<input type="checkbox"/> Will share with others	
<input type="checkbox"/> Thinks "I can do it"	<input type="checkbox"/> Thinks "I can't do it"	<input type="checkbox"/> Is tolerant	
<input type="checkbox"/> Accepts others	<input type="checkbox"/> Is shy	<input type="checkbox"/> Plays sports/activities	
<input type="checkbox"/> Has friends outside of school	<input type="checkbox"/> Makes friends easily	<input type="checkbox"/> Has difficulty making friends	
Comments:			
4. Persistence – which words best describe your child? <i>(Tick the ones that apply)</i>			
<input type="checkbox"/> Independence is developing	<input type="checkbox"/> Puts in a good effort	<input type="checkbox"/> Asks for help when needed	
<input type="checkbox"/> Persists with new tasks	<input type="checkbox"/> Gives up sometimes	<input type="checkbox"/> Needs encouragement to complete tasks	
<input type="checkbox"/> Able to work in groups	<input type="checkbox"/> Seeks approval from adults	<input type="checkbox"/> Requires support when working in groups	
Comments:			



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5. Level of Concentration – which words best describe your child? (Tick the ones that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Works best on their own | <input type="checkbox"/> Works best in a group | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Stays on task most of the time | <input type="checkbox"/> Completes tasks | <input type="checkbox"/> Avoids tasks |
| <input type="checkbox"/> Follows instructions | <input type="checkbox"/> Is patient | <input type="checkbox"/> Lacks perseverance |

Comments:

6. Organisation – how organised is your child? (Tick the ones that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Getting ready | <input type="checkbox"/> Looking after their belongings | <input type="checkbox"/> Being on time |
|--|---|--|

Comments:

7. Previous Educational Background

All students

Is your child's previous school a Queensland State School? Yes No

If no, can you please provide your child's most recent Report Card? Yes No

If no, can you please provide your child's most recent NAPLAN results? Yes No N/A

Prep only

Has your child accessed early learning services? Yes No If yes, where? _____

If yes, which service did they access? Kindy Daycare Home Daycare Other _____

If yes, would you like to share a copy of their Transition Statement? Yes No

8. Health/Development

Did your child meet their developmental milestones within recommended guidelines? Yes No

Comments:

Are there any health issues that might affect your child's learning at school? Yes No

Comments:



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Health/Development continued...

Were you able to book an appointment for a Health Check (refer to flyer)? Yes No

If yes, would you like to share a copy of their Health Report with the school? Yes No

Did any referrals come from the Health Check? Yes No

Comments:

Has your child received any support from a school guidance officer? Yes No

If yes, will your child still need support from our school guidance officer? Yes No

Has your child received any support from external agencies? Yes No *(Tick the ones that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Behavioural Optometrist |
| <input type="checkbox"/> Medical Specialist | <input type="checkbox"/> Counselling | <input type="checkbox"/> Child Youth Mental Health (CYMHS) |
| <input type="checkbox"/> Other _____ | | |

9. Reason for enrolling at Malanda State School *(Tick the ones that apply)*

- | Employment | Family Circumstances | Housing | School Choice |
|--|--|--|---|
| <input type="checkbox"/> New job | <input type="checkbox"/> Change in Family Unit | <input type="checkbox"/> Relocated to Malanda from _____ | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Seek employment | <input type="checkbox"/> Change in custody | <input type="checkbox"/> Renting | <input type="checkbox"/> Targeted programs |
| | <input type="checkbox"/> Kinship | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Specialised Support Services |
| | <input type="checkbox"/> Migration (non-refugee) | <input type="checkbox"/> Purchased home | <input type="checkbox"/> Facilities |
| | | <input type="checkbox"/> Emergency housing | <input type="checkbox"/> Unhappy with previous school |
| | | <input type="checkbox"/> Staying with family | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Other _____ | |

10. Sibling details

Older siblings at high school? Yes No If yes, Malanda State High School? Yes No

Younger siblings not yet enrolled at school? Yes No

If yes, do they access any early learning services/providers? Yes No

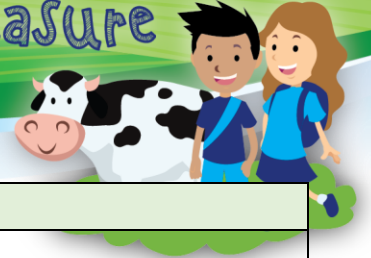
If yes, are they interested in attending our Playgroup (Tuesdays 9:00am-11:30am)? Yes No



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11. Out of Hours School Care (OHSC – Camp Australia)

Will my child require care? Yes No

12. Extra-curricular activities – does my child participate in any of the following? (Tick the ones that apply)

Choir? Yes No

Instrumental Music (Years 4-6)? Yes No If yes, what instrument?

Violin

Flute

Drums

Guitar

Cello

Clarinet

Saxophone

Other _____

Sport? Yes No If yes, what sports?

Swimming

Soccer

Rugby League

Judo

Gymnastics

Tennis

Cricket

Netball

Biking

Other _____

Activities? Yes No If yes, what activities?

Dancing

Theatre

Girl Guides/Scouts

Art

Other _____

13. Family Involvement – would you like to volunteer? (Tick the ones that apply)

Classroom

Moolanda Café

P&C Meetings/Events

Other _____

14. Sports House

Is there a sports house preference based on previous family connection? Yes _____ No

15. Transport to and from school

Car

Bike/Scooter

Walking

Bus _____

16. QParents – This assists both staff and parents in sharing and responding to information in an efficient and effective way. QPAO must be a parent or legal guardian.

Would you like the school to email out an invitation to you to register for QParents?

Parent/carer #1: _____ Yes No Parent/carer #2: _____ Yes No

17. Invoicing – Student Invoicing Payment Allocation: e.g. John Smith – Total Fees 100% or John Smith 50% & Jean Smith 50% (split allocation)

Parent/carer #1: _____ Fee _____ % Parent/carer #2: _____ Fee _____ %

18. Do you have any questions for us?

Comments:

Parent Signature:

Date: