

# New student advice – Non Feeder School

Dear parents/s

Kindly complete this form and return it as part of your child's enrolment paperwork if:

Year 6 into year 7 from a non-feeder school (i.e. SBSS, TSS and NSS) OR any other year level transitioning from any school (within district, state or otherwise)

**Office to note: Form to be handed back to the year level Deputy Principal.**

Thank you.

<b>STUDENT NAME</b>	
<b>YEAR LEVEL</b>	
<b>PREVIOUS SCHOOL</b>	State:
<b>REASON FOR JOINING SBSHS</b>	
<b>INTERESTS</b>	
<b>SUBJECTS ENJOYED THE MOST</b>	
<b>ACADEMIC PERFORMANCE</b>	Maths:                      English:                      Science: Humanities:              PE:                              IT: Language:                  Arts:                            Other:
<b>SUBJECTS TO IMPROVE ON</b>	
<b>ATTENDANCE</b>	HAS YOUR CHILD'S ATTENDANCE EVER BEEN OF CONCERN YES / NO REASON: SUPPORT REQUIRED?
<b>HAS YOUR CHILD EVER ACCESSED LEARNING SUPPORT IN THEIR PREVIOUS SCHOOL/S?</b>	YES / NO SUBJECT: YEAR LEVEL ACCESSED:
<b>FORMAL DIAGNOSIS (i.e. ADHD?) MEDICATION TAKEN?</b>	
<b>IS YOUR CHILD ON AN INDIVIDUAL CURRICULUM PLAN?</b>	YES / NO SUBJECT: LEVEL:
<b>HEALTH CONCERNS</b>	YES / NO DESCRIPTION: MEDICATION:
<b>PREVIOUS BEHAVIOUR PREVIOUS SUSPENSIONS</b>	
<b>PREVIOUS STUDENT SERVICES SUPPORT ACCESSED</b>	GUIDANCE OFFICER / CHAPLAIN / SCHOOL NURSE / SCHOOL PSYCHOLOGIST / YOUTH WORKER / ENGAGEMENT OFFICER OTHER:
<b>WOULD YOU LIKE ANY SUPPORT FROM SBSHS?</b>	
<b>FRIENDSHIP REQUESTS? IF POSSIBLE WOULD YOU LIKE YOUR CHILD TO BE IN THE SAME CLASS AS SOMEONE THEY KNOW SHOULD THE LEARNING RELATIONSHIP BE POSITIVE AND PRODUCTIVE?</b>	DOES YOUR CHILD KNOW SOMEONE ATTENDING SBSHS NEXT YEAR? NAME: SCHOOL:
<b>OTHER INFORMATION</b>	

Parent name: \_\_\_\_\_ Parent email: \_\_\_\_\_