



BOYNE ISLAND STATE SCHOOL

Enrolment Questionnaire

Student/s' Name/s : _____

Student/s' Dates of Birth : _____

Enrolling for Year Level/s : _____

1. **Why did you choose to enrol your child/ren Boyne Island State School ?**

2. **What are your expectations for what Boyne Island State School will do for your child/ren**

3. **What strengths and weaknesses do you perceive your child/ren having?**

4. **Does your child/ren 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. Difficulty in making friends, aggression, phobias, overt shyness, etc.)**

7. **Are there any family circumstances that you believe we need to know about ?**

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

9. **Would you be willing to supply voluntary assistance, either in the classroom or at the tuckshop ?**

