

Student Name: _____

<p>Please share your child's strengths or special abilities</p>	<p>Does your child have challenges or fears?</p>
<p>What is your child's favourite subject(s)?</p>	<p>What is your child's least favourite subject(s)?</p>
<p>Does your child have any concerns about any aspects of school?</p>	<p>Is there anything else we should know?</p>

Please indicate end of the day arrangements for your child

- Pick Up (Parent / Older Sibling - please circle)
- Walk/Ride
- After School Care

Please note that all information that is shared is confidential.

Thank you

Mrs Bambaci and Miss Palmer

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