

# McCALLUM’S HILL PUBLIC SCHOOL

McCallum Street, ROSELANDS NSW 2196

Phone: 9759 4396

Fax: 9740 4245

Email: [mccallumhi-p.school@det.nsw.edu.au](mailto:mccallumhi-p.school@det.nsw.edu.au)

Web: <http://www.mccallumhi-p.schools.nsw.edu.au>

**Kindergarten Orientation**

Dear Parents, Carers and Children,

To give our new kindergarten children the best and happiest start to school next year, we are offering you the opportunity to be part of our transition program.

On three consecutive Tuesday mornings (15th, 22nd & 29th Oct), we are inviting your child to come to our kindergarten rooms for fun activities with our kindergarten teachers. For 90 minutes each week, the children will become familiar with our teachers, other children and the kindergarten rooms, as well as with the physical environment of the rest of the school.

The transition mornings will allow your child to gain confidence about starting school while you, or an adult family member are close by. This will be a very gentle start which should make next year much easier for them and you. As well, the mornings will allow our experienced kindergarten teachers to get to know your child and his/her needs and plan for next year.

A parent or guardian must stay at school for the duration of each visit. While your child is happily cared for by our staff, parents are invited to attend information sessions in the school library, where I and other invited speakers will talk on issues to do with your child’s education as well as answering any questions you may have. Morning tea will be provided and you will have the opportunity to meet other parents who will be part of our school community next year.

Evaluations of our transition program have been very positive. However, a number of parents have said they found the noise of toddlers distracting when talks were being given. For this reason, any arrangements you can make for younger children to be minded would be appreciated, although not essential.

We hope that parents and children will take advantage of the opportunities which the transition program provides. Please indicate on the form attached whether you (or a nominated adult) and your child will be attending. We recommend attendance at all three sessions if possible. Please return the form to school by Tuesday 8th October or you can also post, fax 97404245, or contact the office on

9759-4396 to confirm your attendance.

**Dates and times**

Tuesday 15th October 9.15-10.45am

Tuesday 22nd October 9.15-10.45am

Tuesday 29th October 9.15-10.45am

We encourage all families, especially those whose children may find starting school and separating from parents or carers difficult, to take advantage of this opportunity by exposing children to the school routines and environments they will become accustomed to next year.

We look forward to seeing you soon.

Cheryl Glover Maria Mitropoulos

Principal Early Stage One Supervisor



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**Kindergarten Orientation 2013**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of adults attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please tick:*

🖵 We will be attending all 3 visits.

We can only attend on the following dates:

🖵 Tuesday 15th October

🖵 Tuesday 22nd October

🖵 Tuesday 29th October

*Please return this form to McCallums Hill Public School by*

*Tuesday 8th October or you can post to the address above,*

*fax 97404245, or contact the office on 9759-4396 to confirm your attendance.*

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**Starting Kindergarten at**

**McCallums Hill Public School**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings at this school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Illnesses:

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special needs or requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had the 4 year old screening test at your GP or local Early Childhood Clinic? Yes or No

**(The 4 year old screening test is mandatory for anyone receiving Family Assistance payments).**

Does your child show left or right hand dominance? Left hand or Right hand

Do you give permission for your child to be photographed at school? Photos taken at school are displayed on the LCD screen in the front office and on the school website. Yes or No

Please list three (3) activities or interests your child enjoys participating in:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Basic Self-Help Skills**

Can your child recognise his or her name? Yes or Not Yet

Can your child dress and undress without help? Yes or Not Yet

Can your child take his or her shoes off and put them on without help? Yes or Not Yet

Can your child manage a lunchbox and water bottle independently? Yes or Not Yet

Can your child use the toilet independently? Yes or Not Yet

Can your child unwrap food in cling wrap and open plastic containers independently? Yes or Not Yet

Can your child manipulate pencils and scissors unassisted? Yes or Not Yet

**Thank you for taking the time to complete the questionnaire.**

**Please return the complete form to the school office.**