**St Louis de Montfort’s Aspendale**  
**Student Profile Update 2012**

Please fill in the form below and return it to your child’s teacher as soon as possible.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Child’s Class:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parents Names</strong></td>
<td><strong>Mother:</strong></td>
</tr>
</tbody>
</table>

- **What position does your child come in the family?**
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8

- **Siblings names and ages**
  - 1 5
  - 2 6
  - 3 7
  - 4 8

- **Does the student speak a language other than English at home?**
  - If Yes, What language?
  - Does you child attend a Language school?  
  - Yes / No (circle)

- **Does your child have any specific medical needs?**

- **Is there anything you think we need to know about the family to better support your child?**

- **Who will be collecting your child from school?**

- **Will you child be attending before or after school care?**

- **Is your child a good sleeper?**
  - What time does he/she go to bed at night?

- **Is there anything your child has a particular interest in/ knows a lot about/ or participates in after school?**

- **What kinds of activities does your child particularly enjoy?**

- **Is there anything, or any situation, that causes your child to be worried or anxious?**

- **Are there any social/ behavioural/ learning issues that you would like us to know about?**

- **Is there anything on this form you would like to discuss. If so, when is the best time to contact you?**

**Signed Parent/Guardian:**  
**Date:**