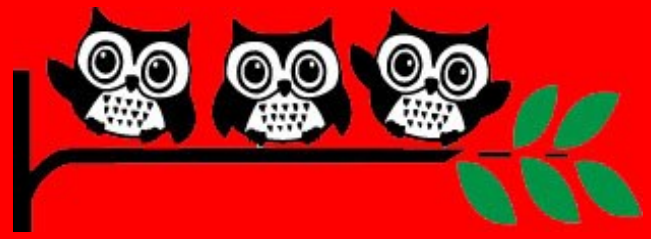


My Child...



Name: _____ How old are they? _____ Birthday: _____

Birth certificate

Other people that live in my home are...

My child will be brought to school and picked up by*:

The main language we speak at home is:

My child's pickup password will be (a memorable word):

My child cannot eat or drink.. (eg non halal meat, orange juice)

My child has allergies, medical conditions or takes regular medication (If yes, please tell us what they are)

My child has difficulties with vision/hearing/speech/coordination (If yes, please tell us what they are)

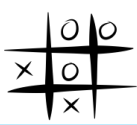
My child goes to a nursery/childminder/playgroup called:

Other things I would like to tell you about my family: (eg religion, country our family comes from, festivals we celebrate)

They like to eat:



Their favourite game is:



Their favourite time of day is:



Their favourite book is:



Their favourite TV programme is:



Their favourite toy is:



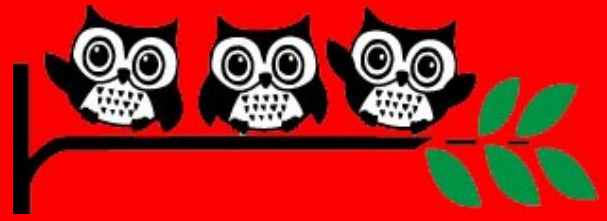
Their favourite song or rhyme is:



Their other favourite things are:

*Please let the school office know if anyone different is going to collect your child at the end of the school day.

Parent/Carer Section



What hopes/fears do you have about your child starting school?

Do you have any specific worries about your child starting school?

What interests/skills do you have?

Do you currently work? Yes No

If yes, please tell us what you do:

Are you interested in helping with anything at school? If so, what?

What is the best way to communicate with you?

Phone call Text School website Email

Other (please provide details):

What support or information would you find useful?

- Getting your child into routines (eg bedtime, dinner time)
- Toilet training
- Your child's language development
- Managing your child's behaviour
- Healthy living
- ESOL classes
- Advice about benefits, housing, food banks etc
- Other (please give us details):