



Shincliffe C of E Primary School

Child's Name:

Date of Birth: Age on Entry: Date of Entry:

Position in Family: Male / Female: Eligible for Free Meals: Yes / No.....

Ethnicity: Home Language:

Is he/she looking forward to starting school?

Has he/she attended a playgroup or nursery? Yes/No For how long?

How well/easily did they settle?

What does he/she enjoy doing at home:

Drawing

Looking at books/listening to stories

Building with construction

Other – please specify:

Does he/she play happily alone?

Does he/she play with friends at home?

Does he/she have any friends in this school?

How do you know if he/she is worried or upset?

Do you have any concerns about his/her speech/hearing/sight?

Does he/she have any medical or physical difficulties which we need to know about?

Does he/she have any allergies?

Does he/she require regular medication?

Will this need to be administered in school?

Does the school need to retain medication for emergency use?

How do you feel about your child starting school? If you have any questions or concerns at any time, please feel free to discuss these with us.

Any additional information:

Completed by: Date:

Child's Name:

Please ask your child to draw a picture of themselves to bring in on their first day. We can't wait to see their drawing.



Please ask your child to write their name by themselves (it doesn't matter if it doesn't look like a name).

