



Parental Declaration Form

Child's Name:			
Date of Birth:		Gender:	
Primary Contact Name:			
Relationship:		Email:	
Home Phone:		Mobile:	
Emergency Contact Name:			
Relationship:		Email:	
Home Phone:		Mobile:	

YOUR CHILD'S LEARNING			
Current school/setting:		Head:	
Address:			
Email:		Tel No:	
I consent to Lindhurst School contacting the current school / setting:			
Please provide a copy of most recent school report.			
Has your child received any additional support with any of the following?			
Communication and interaction			
Speech, language, communication			
Asperger's/ASD			
Cognitive and Learning			
General difficulties			
Specific learning difficulties			
Speech and language difficulties			
Social, emotional and mental health			
Behavioral difficulties			
Social or interaction difficulties			
Sensory and/or physical needs			
Hearing difficulties			
Visual impairment			
Physical and medical difficulties			
English as Additional Language			
Is English your child's main language? If not please tick and specify below			
Other			
If you tick this box, please specify and provide details.			
If you ticked 'yes' to any of these, please provide the school with the appropriate report or information.			
Does your child have an Ed Psych/professional educational report? If ' yes ' please provide a copy .			



YOUR CHILD'S HEALTH

Was your child born prematurely?	
If so, how many weeks?	
Were there any birth difficulties?	
Has your child had a long-term illness?	
Does your child have any eating disorders?	
Does your child have any dietary issues/requirements?	
Does your child have asthma?	
Has your child had any medical early experiences we should be aware of?	
Has your child ever been referred to a specialist consultant regarding their health or development?	
Does your child have any allergies (e.g. nuts, hay fever, penicillin, plasters or latex)	
Does your child suffer from any food intolerance?	
Is your child independent in using the toilet?	
If you have answered 'yes' to any of the above, please provide details:	

Please provide any other information that will help your child to feel settled in the school (e.g. likes / dislikes / favourite subject etc.)	

Some timetabled lessons may involve out of school activities (e.g. games / swimming). These are supervised by our teaching staff. Please indicate below whether you are happy for your child to be included in these activities:	
I consent to my child being involved in timetabled offsite activities.	<input type="checkbox"/>

CHECKLIST

School Report provided	
Additional support report provided (if applicable)	
Ed Psych/Professional Educational Report provided (if applicable)	
Medicine (e.g. inhaler, EpiPen etc.) provided (if applicable)	

Signed by parent:	
Dated:	

In compliance with GDPR, this document will be kept locked away and if your child does not join Lynhurst School will be destroyed.