

# **Pupil's Information Form**

| Child's Name:                               |              | -                           |                 |                        |  |
|---|--------------|-----------------------------|-----------------|------------------------|--|
| Date of Birth:                              |              |                             | Gender:         |                        |  |
| Primary Contact                             | Name:        |                             |                 | •                      |  |
| Salutation/Title:                           |              |                             |                 |                        |  |
| Relationship:                               |              |                             | Email:          |                        |  |
| Home Phone:                                 |              |                             | Mobile:         |                        |  |
| Address:                                    |              |                             |                 |                        |  |
| Emergency Con                               | tact Name:   |                             |                 |                        |  |
| Relationship:                               |              |                             | Email:          |                        |  |
| Home Phone:                                 |              |                             | Mobile:         |                        |  |
|   |              | YOUR CHILD'S I              | FARNING         |                        |  |
| Current school/s                            | ettina:      |                             | Head:           |                        |  |
| Address:                                    |              |                             |                 |                        |  |
| Email:                                      |              |                             | Tel No:         |                        |  |
| I consent to Lyne                           | dhurst Schoo | I contacting the current so | chool / setting | g:                     |  |
| Ple   | ase provide  | a copy of your child's m    | nost recent     | school/setting report. |  |
|   | -            | additional support with any |                 |                        |  |
|   |              | Communication an            |                 | •                      |  |
| Speech, languag                             | ge, communic | cation                      |                 |                        |  |
| Asperger's/ASD                              |              |                             |                 |                        |  |
|   |              | Cognitive and               | Learning        |                        |  |
| General difficulties                        |              |                             |                 |                        |  |
| Specific learning difficulties              |              |                             |                 |                        |  |
| Speech and language difficulties            |              |                             |                 |                        |  |
|   |              | Social, emotional and       | d mental hea    | alth                   |  |
| Behavioral diffic                           | ulties       |                             |                 |                        |  |
| 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?      |              |                             |                 |                        |  |
| My child's mother tongue is                 |              |                             |                 |                        |  |
| Does your child speak additional languages? |              |                             |                 |                        |  |



My child also speaks ...

### **Further Information**

If you tick this box, please specify and provide details for the school.

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 early medical 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.

Any questions:



## Checklist for Taster Session

| Checklist for Taster Session  |     |         |
|---|-----|---------|
|   | Dat | e seen: |
| School Report   |     |         |
| Additional support report provided (if applicable)  |     |         |
| Ed Psych/Professional Educational Report provided (if applicable)   |     |         |
| Evidence of Child's Date of Birth (e.g. Birth Certificate / Passport)   |     |         |
| Proof of ID – Parents (Passport, Driving License or Birth Certificate)  |     |         |
| 2 x Proof of current address (Bank, Mortgage, Credit Card, Pension, Child Benefit<br>Statement, P60 or Utility Bill) (Preferably not older than 3 months) |     |         |
| Medicine (e.g. inhaler, EpiPen etc.) provided (if applicable)   |     |         |

# AGREEMENT OF INTIMATE CARE PROCEDURES

(entry to Nursery, Pre-Reception & Reception)

|   | Details   |
|---|---|
| Working towards independence;<br>Taking the child to the toilet at regular times, using<br>signs/symbols, any rewards used. |   |
| Level of assistance needed;<br>Undressing, dressing, hand washing,<br>talking/signing.                                      | Help to dress and undress, hands are washed with anti-bacterial soap after each visit to the toilet.  |
| Sharing information;<br>Any health problems or concerns, family<br>customs/cultural practice, complaints and queries        | Any concerns we have are mentioned to the Head<br>of Early Years and passed on to parents. Any<br>concerns the parent may have can be discussed<br>with the Keyworker or Head of Early Years. |

I give the school permission to administer intimate care procedures, if required. I have provided spare set of clothing for my child.

| Signed by Parent: |  |
|-------------------|--|
| Dated:            |  |



School Notes:

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