Dear Parent/Guardian

At St John Fisher RC Primary School we value parents as partners in their child's education and welcome their support. We are asking all parents to complete this questionnaire as you know your child better than anyone. Hopefully by completing this form we can get to know your child and their family a little better. The information you provide will be confidential and only be used by staff to help us ensure that your child is safe, happy and hopefully settles in well to Reception class in September.

Thank you for taking the time to complete this questionnaire

Reception Class Team

Foundation Stage Parent/Guardian Questionnaire

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| **Name of Child:** | **Date of Birth:** |
| **Name of Mother:** | **Name of Father:** |
| **Address:** | |
| **Home Telephone:** **(Mum)** | **(Dad)** |
| **Mobile:** **(Mum)** | **(Dad)** |
| **Other Contact numbers in case of an emergency:**<br><br>**1.**<br><br>**2.**<br><br>**3.**<br><br>**4.** | |
| **Names of adults (18 years or older) who are authorised to collect your child from school:**<br>**<u>Please let us know immediately if this changes</u>.** | |

**Are you in receipt of any of the following benefits as you may be eligible for free school meals?**

Universal Credit, and earnings for me and my partner (if applicable) do not exceed £7,400 per year

Child Tax Credit, without Working Tax Credit, and my household income is less than £16,190 per year

Income-related Employment and Support Allowance

Income Support

Income-based Jobseekers Allowance

The guaranteed element of State Pension Credit

Support under part IV of the Immigration and Asylum Act 1999

Working Tax Credit 4-week run-on

**Doctors name and address:**

**Dentist name and address:**

**Health visitors name and clinic:**

**Has your child got any medical conditions we need to know about?:**

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| **Is your child allergic to anything? (please include food and drink)** |
| **Has your child ever been referred for or attended speech therapy?** |
| **Does your child drink milk?** |
| **Does your child eat fruit and vegetables: (please circle those that they eat)**<br><br>**Apples Tangerines Bananas Pears Melon Pineapple Strawberries**<br><br>**Mango Carrots Tomatoes Sugar snap peas Rasins** |
| **Sibling information – Position in Family (eldest of three children, only child)** |
| **Which Pre- School/Nursery setting does your child attend?** |
| **How do you think your child will settle into school?** |
| **What kind of activities does your child enjoy at home?** |
| **Is your child independent when toileting?** |
| **Is your child independent when dressing?** |

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| **What makes your child happy/excited?** |
| **What makes your child sad/upset?** |
| **What do you feel your child is good at?(drawing/lego/dance etc)** |
| **What do you feel your child will have difficulty with?** |
| **Is there anything else you want to tell us about your child or their family situation that you think we need to know to keep them happy and safe?** |
| **Do you have any concerns about your child?** |
| **Have there been any referrals to social care involving your child or family:** |

| **Has there been any involvement from any outside agencies involving your child:** |
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| **Additional information:** |

Thank you once again for completing this questionnaire.

All information given is **strictly confidential for school information only.**