

Sibford Gower Endowed Primary School

EYFS key Person Introductory Questionnaire

Child's Name	
Mother's name	
Father's name	
Name your child likes to be known as	
Any siblings? Names & ages	
Who lives at home with your child?	
Family members close to child	
Previous child care setting information (eg. child minder/preschool)	
Friends already at school/starting school in Acorn class?	
Is your child able to use the toilet independently?	
Will your child wear nappies/pull ups at nursery?	
Special toy/comforter?	
Fears?	
How does your child cope in new situations?	
Illnesses or injuries	
Premature? To term?	
Injections up to date?	
Food intolerances/allergies?	
Family learning concerns (Dyslexia, speech & lang)	
Direct Family illness (impact of bringing/collecting children)	
Does your child have glasses?	
Any concerns about hearing?	
Who will regularly be collecting your child?	

Questions about school from child?	
Questions about school from parent?	
Anything else you would like us to know?	