March 2025

**Reception Class 2024 Parent Questionnaire**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred name (if different from above) for work books / class displays: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer email contact address:

|  |  |
| --- | --- |
| Which Pre-school / nursery does your child attend? How many hours a week do they attend? |  |
| Please name any friends your child has who are also starting at Glebe in September. |  |
| Please state the number of siblings your child has and their ages. Does your child have any siblings currently at Glebe? |  |
| Home language (this is the main language you speak to your child in at home) |  |
| Please state any allergies or medical needs which your child has. |  |
| Does your child have any identified Special Educational Needs including speech and language? If Yes, please give details of support your child has received. |  |
| Do you have any concerns about your child’s development? - Emotional - Physical - Social - Behaviour – Communication. |  |
| Is your child toilet trained? Can they use the toilet independently? |  |
| Please provide any additional information which you feel would be useful for us to know about your child prior to starting school. |  |
| If you have younger children, would you be interested in our on-site teacher run Nursery for ages two, three and four? Our Nursery takes vouchers and we are open for school hours, term –time. |  |

Thank you for taking the time to complete this questionnaire. Please return the completed form to the school office.

If you wish to speak to a member of staff regarding any of the above information, please email the school office: [office@glebeprimary.co.uk](mailto:office@glebeprimary.co.uk) .