Glebe Primary School
The best in everyone™
Part of United Learning

April 2026

Reception Class 2026 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 Nursery for ages 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 .

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