MILFORD
Infants' School
and Pre-School

Dear Parents,

To assist with our planning, please complete **both sides of this form** and **return it to the school office by Friday 9th May.**

Please provide us with the following details including whether your child has **friends who you would be happy to have in the same class**. This will help us with the allocation of your child to a class.

Child's **Name** ……

Preschool/s attended ……

Medical needs ……

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Friends who will also be starting at Milford Infants' School ……

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Who are your child's **significant adults**? ……

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If your child has **siblings** could you please list their names and ages ……

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We would like to get to know your child as quickly as possible. Please tell us about your child's **interests**:

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Please complete this short questionnaire, which will support your child's class teacher with their initial assessments.

My child is dry and clean during the day Yes ☐ No ☐

My child can get dressed independently Yes ☐ No ☐

My child eats a healthy range of food Yes ☐ No ☐

My child enjoys sharing a range of books Yes ☐ No ☐

My child shows a preference for a dominant hand Yes ☐ No ☐

If yes please say which hand: ☐ left ☐ right

Are there any **agencies** involved with your child or family? e.g Family Intervention Service (FIS), Speech and Language therapy (SALT) etc.

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Are there any **safeguarding** concerns for your child/family? **Yes / No** (if yes please provide details on a separate page)

Do you have any concerns about your child's development or well-being?

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Signed…… Date ……

(Parent/Guardian)

Thank you for your time. Please return this form to school by Friday 9th May.