**Foundation Stage Pupil Induction Information**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Name of Child****Preferred Name** |  |
| **Date of Birth** |  |
| **Medical / Allergies / Food Observances** |  |
| **Does your child have any additional needs?****Physical? Emotional? Social? Learning?** |  |
| **Home Language** | **English Other (please state)** |
| **Name of Pre-School attended** | **Full-time Part-time**  |
| **What activities interest your child ?** |  |
| **Is there anything your child doesn’t like?** |  |
| **How, as a parent do you feel about your child starting school?** |  |
| **When you ask your child, “ How do you feel about starting school?”** **What is their response?** |  |
| **Who will usually be dropping off / picking up your child from school?****Please state names and relationship to child.** |  |