

# Pupil Name



Starting school booklet

September \_\_\_\_\_

**Durants School – New pupil information**

**Pupil's first name:**

**Surname:**

**Date of birth:**

**Address:**

**Post code:**

**Home Tel No:**

	<b>Mother</b>	<b>Father</b>
<b>First name</b>		
<b>Surname</b>		
<b>DOB</b>		
<b>Address if different from child</b>		
<b>Contact number</b>		
<b>Employment, where &amp; contact info</b>		

**Pupil's meal type**

Packed Lunch

Paid

Free school meal

**Ethnicity:**

**Religion:**

**Mother tongue:**

**Language spoken at home:**

**Pupil's last school:**

**How will your child travel**

Walk with parent

**To school?**

Car

School transport

Taxi

Public Bus Service

Other

**Doctor's name:**

**Doctor's address:**

**Post code:**

**Telephone No:**

**Emergency Contacts:**

**Family Life**

Has your child got brothers and sisters?

If yes what are their names, ages and what school do they attend (if applicable)

Does anyone else live in your house?

Are there any other important people in your child's life? E.g. childminders, family, friends etc.

**Communication and behaviour**

How does your child communicate with others?

Does s/he have particular words or gestures they use?

How does your child react to adult direction?

How does your child react to other children?

What is your child's behaviour like at home?

Is there something in particular that may trigger challenging behaviour?

How do you currently deal with this?

**Medical**

Can you describe your child's medical needs?

Does your child have any allergies?

Does your child take any medication? No

If yes, what is it, what is it for, dosage and when is it taken.

Does your child have any physical needs, e.g problems with walking?

Is there anything else you think we need to know?

## **Eating and drinking**

Does your child have any special dietary requirements?

What help does your child require at meal times?

Things s/he likes

Things s/he does not like

## **Toileting**

Is your child in pads?

Does your child use the toilet independently?

What help does your child need when using the toilet?

## **Out and about**

We have lots of outings into the community at Durants. Is there anything you think we need to be aware of when taking your child out?

Has your child got any particular fears or phobias? E.g. scared of dogs.

Is there anything that upsets or frightens/worries your child? E.g. loud noises.

What is your child's behaviour like on school/public transport?

On some occasions it may be appropriate to use a wrist restraint whilst out and about or a harness when seated on the mini bus. This is to ensure your child's safety. Do we have your permission to use these precautionary measures if necessary?

Yes

No

## **A little bit more about your child**

**Can your child swim?**

**Describe your child's life/self-help skills**

**Has your child ever absconded from your house?**

**Can you tell us your child's favourite things and what they like to do.**

**Can you tell us what your child does not like and what they do not like doing.**

## **Parent support**

**We strive to ensure that we work well with parents and supporting you as carers is important to us at Durants.**

**How do you feel about your child coming to Durants? Do you have any concerns?**

**Have you any concerns about transport?**

**Are you aware of Disability Living Allowance and do you claim it? Yes**

**Is your child currently receiving any therapy outside of school? No**

**Does your child have a social worker or key worker? If yes what is their name?**

**Does your child access short breaks services, i.e Cheviots, PlayTedz or any other respite? If yes what are they currently receiving?**

**Has your child had any involvement with SCAN ( ) or CAMHS (Child Adolescent Mental Health Service) If so, when, professionals name etc.**

**What are your hopes for your child in the future?**

**Form completed on:**