

Garden Fields JMI School



Early Years Foundation Stage Pupil Profile Sheet

This is a confidential document retained in school – it will assist us in supporting your child.

Would you like your child to start school in September? Yes / No	If no, please explain your reasons:
Childs Full Name:	Preferred name to be used in school:
Siblings / Age / School:	Any other family links in school?
Date of Birth: (Day /Month / Year)	Language(s) spoken at home:
1st Parent Contact details: Title: Name: Address	
Mobile Phone Number:	
Email address:	
2nd Parent Contact details: Title: Name: Address (<i>if different from parent 1</i>)	
Mobile Phone Number:	
Email address:	
Playgroup name (if attended)	
Name and address of Nursery (if attended)	
Attendance a.m. / p.m. (<i>please circle</i>)	

Please continue over the page

Vision	No Concerns	Concerns	<i>Please specify (e.g wears glasses)</i>		
Hearing	No concerns	Concerns	<i>Please specify (e.g. Grommets ,glue ear)</i>		
Speech	No concerns	Concerns	<i>Please specify</i>		
Does your child receive additional support in their current nursery? <i>(please provide details)</i>					
Would you like our INCo to contact you before your child starts to discuss further? YES/NO					
Is your child able to dress him / herself? Yes/No		Can your child manage to go to the toilet independently? Yes/No			
Can your child put on and take off their own shoes? Yes/No		Manages clothing	Always	Usually	Not Yet
		Manages to wipe bottom	Always	Usually	Not Yet
Dietary needs: e.g Vegetarian, vegan, Halal etc		Please list any known allergies or medical conditions:			
Names of up to 3 children you would prefer your child to be with if possible. (Whilst we take this into consideration, please note we are unable to guarantee that any preferences will be accommodated.)					
1..... 2..... 3.....					
General Comments Please use this space for any additional comments you feel we should know along with any concerns you may have. <i>(This may, for example include home arrangements i.e. parents no longer together, family illness...)</i>					

Signed: Parent/Carer Printed name:.....

Thank you for taking the time to complete this form. Please complete and return by Monday 23rd May 2022