

Starting School Questionnaire

As professionals working with young children and their families, we want to support all children to make the best start to their school life. This starts by you selecting the schools you would like your child to attend and then applying for a school place for your child. We also want to work together to enable the transition to school to be as smooth as possible for your child. Completing this questionnaire will provide us with information about any concerns you have about your child starting school so that we can provide any information and support that might help you and your child.

The deadline to apply for a school place for a child starting primary school in September 2023 is **15 January 2023**. To apply for a school place, or for more information on applying, please see the information on our website at: www.westsussex.gov.uk/admissions

Please note: this questionnaire is not linked to the school application process. You will also need to apply for a school place before the deadline to enable your preferences for your child's school to be considered.

The information that you provide in this form will be shared with your child's early years setting or, if your child does not attend a setting in West Sussex, the Healthy Child Programme Team. We recommend that you speak to your child's school, once you have been offered a place, regarding any long term health conditions, or any other concerns you have about your child starting school, so that they can plan ahead to meet your child's needs.

Any information that you share on this form will be reviewed and a member of our team may contact you by phone to discuss your child's health or wellbeing as they prepare for school. The form, and the information included, will be kept on your child's records and information will be used to support you and your child, as well as to identify patterns in support needs across the county.

Child's name: _____

Child's date of birth: ____/____/____ (date/month/year) **male** **female**

Child's NHS Number: _____

Child's home address: _____

_____ **Postcode:** _____

Parent/Carer's name(s): _____

Home telephone: _____ **Mobile:** _____

Email address: _____

Early years setting(s) your child attends: _____

Is your child registered with a dentist? yes no If no, please view www.nhs.uk/dentist

Has your child received their pre-school vaccinations? yes no If no, please

contact your GP. The list of vaccinations can be found at www.nhs.uk/vaccinations **P.T.O.**

	To be completed by the child's parent/carer
Do you have any questions about applying for a school place for your child?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please add any relevant information:
Does your child experience constipation/soiling/ wetting?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please see website for advice: www.eric.org.uk . Please add any relevant information:
Do you have concerns about your child's speech or communication skills?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please add any relevant information:
Does your child have any difficulties with their sleep?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please add any relevant information:
Does your child have any difficulties with behaviour or emotions?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please add any relevant information:
Are there any changes in home life which might impact on your child starting school?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please add any relevant information:
Has your child got any other additional needs – including long-term medical conditions such as allergies, asthma, eczema or epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please add any relevant information:
Do you have any other concerns or questions you have about your child starting school?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please add any relevant information:

Feel free to write on another page if you have more information that you feel it would be helpful to share with us.

Signed _____ Print Name _____

Date _____ Relationship to child _____

Thank you for completing this form. Please return your completed form to your child's early years setting.

If you have not yet applied for a school place for your child, please go to

<https://www.westsussex.gov.uk/education-children-and-families/schools-and-colleges/school-places/>

This questionnaire is part of the West Sussex "School Readiness Integrated Review". For more information, please see our website: www.westsussex.gov.uk/integratedreview.

You can contact the Healthy Child Programme

(<https://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=22897>)

For more information about how West Sussex County Council uses this data a copy of the Privacy Notice can be found at <https://www.westsussex.gov.uk/about-the-council/information-and-data/data-protection/privacy-notices/ipeh-for-early-years-and-childcare-settings-privacy-notice/>

This document can be found at www.westsussex.gov.uk/integratedreview

version 4, September 2022