LISNAGELVIN PRIMARY SCHOOL
School Information Form For Parents

(To be completed and returned to school prior to starting in September)

CHILD'S DETAILS			
First Name		Known as	
Surname		Date of Birth	
Address (including postcode)		Gender	☐ Boy ☐ Girl
Ethnicity		Looked After Child (LAC)	☐ Yes ☐ No
Home Language			
Religion			

Names of Parents/Guardians	Telephone Numbers
	Home: Work: Mobile:
	Home: Work: Mobile:

List everyone who has parental responsibility for the child in accordance with the Children (NI) Order ***if not those listed above.***	Place in Family/Only Child _____		
Name: Address: Mobile:	Names of Brothers or Sisters	Currently Attending Yes	No
Name: Address: Mobile:	Please give details of any pre-school experience your child has had e.g. Nursery, Playgroup etc.		

Please provide two additional emergency contact details (other than parent/carer)	
Name: Address: Mobile:	Name: Address: Mobile:

People authorised to collect the child (***must be over the age of 16***)	
1	Relationship:
2	Relationship:
3	Relationship:

HEALTH INFORMATION	
Name of Child's Doctor:	
Surgery Address:	Telephone No:
Health Visitor:	Telephone No:

PLEASE ANSWER THE FOLLOWING QUESTIONS AND GIVE DETAILS **DOES YOUR CHILD:**
Have Allergies?
Have an epipen?
Have any ongoing health issues? (glue ear, grommets, visual difficulties, asthma etc.)
Have a medical condition ?
Take regular medication ?
Have (or in the past had) any major illness, operation or a hospital stay ?
Have any bedwetting issues?
Have any special dietary requirements?
Have their immunisation up to date?
Are you concerned about any aspect of your child's health?
Additional comments:

OTHER AGENCIES INVOLVED (IF KNOWN)		
Name	✓ Please tick	Name & Telephone No. if known
Child Development Clinic		
Speech and Language Therapy		
Physiotherapy		
Occupational Therapy		
Educational Psychology		
Autism Advisory Service		
Community Paediatrician/Medical Specialist		
Child & Family Clinic/CAMHS		
Social Services		
Sure Start		
Other (please specify)		

INFORMATION SHARING CONSENT (***This will be carried out in discussion with you***)

I (Parent's/Carer's name) _____ give consent for school staff to share relevant information about my child _____ with appropriate professionals working with him/her.

Parent's/Carer's Signature _____

Relationship to child _____ Date _____

This consent form is valid throughout your child's primary school career

*****Please make staff aware of any changes in circumstances during the year e.g. change of address*****

PARENTS'/GUARDIANS' VIEWS/CONCERNS ABOUT THE TRANSITION INTO PRIMARY SCHOOL
TO BE COMPLETED BY PRIMARY ONE TEACHER AT SEPTEMBER SETTLING-IN INTERVIEW

Parent's/Carer's Signature: _____

Date: _____