



Nunnery Wood Primary School



New Intake Family Information Questionnaire 2025 PLEASE COMPLETE AND RETURN THIS FORM TO THE SCHOOL OFFICE BY MONDAY 19TH MAY

At Nunnery Wood Primary our aim is to build strong relationships with parents and carers. We would ask that you take some time to answer these questions which will help us get to know your child. We will use this information to support you, your child and family in the best way possible as your child starts school. Please do feel free to contact us via the school office nwpsoffice@villagestrust.co.uk about any of this information or any concerns and worries that you may have.

Thank you.

Child's Full Name: _____

1. What name is your child always known by (e.g. Amelia –called Millie; Mohammed –called Saif)?

2. What pre-school/nursery has your child attended (if any) and how often (e.g. London Road 5 mornings a week)? When did they start pre-school/nursery?

3. Who lives in your family home and what relation are they to your child (you are welcome to include pets!)?

4. What position is your child in the family (e.g. oldest of 3 children)?

How old are your child's brothers and sisters? What are their names?

5. What other important adults are in your child's life (eg grandparents) and what are their names?

6. What languages do your family and your child speak at home? Please include all that are spoken at home even if your child is not fluent in them.

7. Does your family follow any particular religion or religious beliefs?

8. Has your child and/or family ever lived in another country? If so where?

How long has your child and family lived in the UK?

9. Have there been any major changes or significant events in your child's life (e.g. house move, new baby, parental separation, bereavement, illness, moving to this country)?

10. Does your child have any health, medical or special educational needs? Was your child born prematurely – 36 weeks or earlier?

Please let us know if your child still uses nappies / pull-ups/ a dummy / a pushchair.

11. What does your child like to do? Is there anything they really do not like or enjoy doing?

12. How is your child feeling about starting school? Don't worry if they're not sure!

13. Please let us know anything else that you think is particularly important about your child or family – feel free to continue on another sheet if necessary.

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