

Welcome to

Sandringham Infant Academy



You are the person that knows your child best. As part of the move into "big school" and so that our staff can build and secure trusting relationships with your child to meet their needs and interests, we would ask that you complete the "All About Me" form below together with your child. Our teachers will then use the information provided to support your child's transition into Reception class. We are looking forward to getting to know you and your child, and welcoming you into our school family.

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All About Me

My First Name is _____ My Surname is _____

I am starting Sandringham School in September.

This is a photo of Me
(this could be an individual or family photo)

A large, empty rounded rectangular box with a black outline, intended for a photograph of the child or their family.

This is a drawing of Me

A large, empty rounded rectangular box with a black outline, intended for a drawing of the child.

I am happy when

I get upset when

What I am most looking forward to about starting school...



What I might be worried about...



My Favourite Things



My favourite activities are

.....
.....

My favourite toy is

My favourite story book is

My favourite nursery rhyme/song is

My Family and Friends

The people I live with are

I have brother(s) aged called

I have sister(s) aged called

My friends are



How I like to Play and Learn

	A Lot	Sometimes
I like to play inside	<input type="checkbox"/>	<input type="checkbox"/>
I like to play outdoors	<input type="checkbox"/>	<input type="checkbox"/>
I like to play with other children	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to play on my own	<input type="checkbox"/>	<input type="checkbox"/>
I have been to pre-school/nursery	Yes	No
I have been to a childminder	Yes	No

My pre-school/nursery/childminder was called

Look what I can do!

	on my own	with help
I can dress myself	<input type="checkbox"/>	<input type="checkbox"/>
I can use a knife and fork	<input type="checkbox"/>	<input type="checkbox"/>
I can use the toilet	<input type="checkbox"/>	<input type="checkbox"/>
I can write my name	<input type="checkbox"/>	<input type="checkbox"/>
I can cut with scissors	<input type="checkbox"/>	<input type="checkbox"/>

When writing, I prefer to use my Left hand Right hand
 Either hand



Other Information

If there is anything you would like to include with regard to your child's early experiences i.e. duration of pregnancy, meeting milestones, contact with outside agencies (speech and language, portage) please add your comments below:

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Please attach contact details and copies of any paperwork that you feel relevant.