



## Sunbeams Supplementary Form

Child's Surname:	Date of Birth:
Child's forename & middle name(s):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name known as:	Home/mobile telephone number:

Will your child be attending another setting (Childminder/Pre-School/Nursery) while they are at Sunbeams? If so, for how many days/hours?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes please give details)
	Name of setting:
	Contact Name:
	Contact Number:

<b>Does your child have any special educational needs/disabilities?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please give details, including support received i.e. speech therapist, occupational therapist or other agencies or SEND Support notification )
Were any concerns raised at your child's 2 year check? (please give details, including support received i.e. speech therapist, occupational therapist or other agencies) <input type="checkbox"/> No <input type="checkbox"/> Yes

Please give details of any specific dietary requirements including allergies or preferences (i.e. vegetarian, gluten free etc)
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Please give details of any health requirements that your child may have (i.e. inhaler, Epi-pen - all medication must be provided from a GP/Consultant in a named box/container)
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Name of Doctor:	
Name of Health Visitor:	
Name of Social Worker:	

Information Sharing - It may sometimes be helpful to share information about your child's development with other agencies / settings, particularly at the time of transition. You will always be informed when this is happening and who with.

**Could you please complete the statement below:**

**\*I give / do not give** permission for the setting to share information about my child's development with other agencies / settings.

Parent/Carers signature: \_\_\_\_\_

\*please delete where appropriate

Please use this space to tell is anything else about your child that you may feel is relevant  
(continue on a separate sheet if needed)

Please complete this form and return it to the School Office, Stepgates Community School, Stepgates, Chertsey, Surrey, KT16 8HT. Any queries please contact us on Tel: 01932 563022 or e-mail: [admin@stepgates.surrey.sch.uk](mailto:admin@stepgates.surrey.sch.uk)