

Material required by children starting in Nursery Classes ENa /ENb

September 2018

Alex MUSTER - P1FRa						<p>Name Badge to be worn by your child.</p> <p>Print out from the school web site (Please complete with your child's details: Name, Class, your contact number, hot lunch or a packed lunch from home and their departure details: ie Bus number/ Garderie / Parent pick-up) each day</p>
GSM	0477/32.2		0477/25.2			
	Lu	Ma	M	Je	V	
DÉPART	5P	5P	G	5P	P	
REPAS	RC	RC	T	RC	N	
REMARQUE ES	Allergie au Poisson					
			<p>A School Bag that is big enough for their needs. Back pack style, big enough to carry snack and lunch boxes, water bottles as well as library books and an extra piece of clothing. No wheelie bags as the children carry their own items up and down stairs. Please put a Name label on the outside.</p>			
<p>Snack box and Water Bottle *Easy to open and water tight! - Please make sure your child knows how to close their water container properly to avoid leaks in their bag.</p>						
			<p>✓ Rubber Boots for outside play on rainy or muddy days which will be kept at school. Please label them clearly.</p>			
			<p>✓ Gym Shoes. Each child needs a pair of gym shoes for P.E which will be kept at school. They should be soft, flexible and easy for the children to put on themselves (Velcro fastening as per examples) Please label them clearly.</p>			
			<p>✓ Spare Clothes Please provide a small set of spare clothes, including socks and underwear for your child, in a drawstring type bag. Please label the bag and each item. The children have two outside play periods each day, and therefore need to wear appropriate clothes for the weather. Each child must have a raincoat with a hood.</p>			
<p>✓ Tissues 2 boxes of tissues</p>						
<p>✓ Entry Profile of your child's development Important information for teachers - All parents of new children should complete and return this form to their teacher as soon as possible. *The Entry Profile Document is attached to this document</p>						

✓ PLEASE BRING THE LAST 5 ITEMS TO THE PARENTS MEETING ON THE EVENING BEFORE THE FIRST DAY OF SCHOOL



EUROPASKOLEN	EUROPÄISCHE SCHULE
ΕΥΡΩΠΑΪΚΟ ΣΧΟΛΕΙΟ	EUROPEAN SCHOOL
ESCUELA EUROPEA	ECOLE EUROPEENNE
SCUOLA EUROPEA	EUROPESE SCHOOL
ESCOLA EUROPEIA	EUROOPPA-KOULU
EUROPASKOLAN	ЕВРОПЕЙСКО УЧИЛИЩЕ

Entry profile of the child (Nursery Cycle)

To be completed by Parents/Legal representatives and returned to the teacher on the first day of school		
Name:		
Mother:		
Father:		
Other person:		
Child's full name:		Date of birth:
Class:	Section:	Date of entry:
Brothers/sisters (names & dates of birth):		
Linguistic information		
Languages spoken at home:		
Mother:		
Father:		
Language of other carers, e.g. childminder/grandparents:		
Dominant language of the child:		
Previous educational experience <i>Please note the lengths of time attended:</i>		
Playgroup:	Nursery:	Other:
Comments:		
Please give details about current out of school activities:		

Me and the others
Play
Please comment on games/toys/activities that your child particularly enjoys within the family:

with friends:
playing alone:
Comments:
Me and the world
Language
When did your child begin to speak?
Is his/her speech clear to you?
To others?
Comments:
Me and my body
Hearing
Has your child's hearing ever been tested? Yes <input type="checkbox"/> No <input type="checkbox"/>
By whom?
When?
Comments:
Does your child suffer from frequent colds/blocked nose, etc? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sight
Has your child's sight ever been tested? Yes <input type="checkbox"/> No <input type="checkbox"/>
By whom?
When?
Outcome/comments:
Physical Development
Did your child crawl?
When did your child start to walk?
Is he/she independent dressing/undressing?
Is he/she independent toileting by day/night?
Is he/she independent eating?
Comments:
Please tick if your child has experience using:
Pencils/Crayons <input type="checkbox"/>
Paintbrushes <input type="checkbox"/>
Threading beads <input type="checkbox"/>
Glue/paste <input type="checkbox"/>
Scissors <input type="checkbox"/>

Comments:
Is there any medical or other information which your child's teacher needs to know?
Me as a person
To be completed by the parents and the child together:
What are the things I like and what interests me?
Which are the things I do not like and what scares me?
Things I am good at:
What do I want to learn in school?
Who are my friends:
Any other comments:

Signed:	Date:
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