| **Name of child** | | **Year Group** | **Date of Birth** | **School** | **AFN High Medium Low** | **Looked After** | **Ethnicity** | **FSM / FE6** | | **Additional Needs**  **(CP/CinN/ADHD/ASD/**  **PDA/ODD/EMH/Dyslexia)** | **Comments** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Child’s Address & Contact Telephone Numbers** | | | | | |  | | | **Parent /Guardian Name** | | **SENCO** | **Class Teacher** |
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