

Student Information for Kench Hill

STUDENT NAME: _____

Please answer the questions below so that we can put any strategies in place so that all students can enjoy their trip:

Please tick Yes or No:

No	Question	YES	NO
1	Is it your child's first residential trip away from you?		
2	Is your child particularly anxious or likely to be very homesick?		
3	Is your child independent at toileting through the night? Please indicate 'no' if your child sometimes experiences nocturnal enuresis (bed-wetting) or wears pull-ups.		
4	Is your child able to complete morning and bedtime routines independently?		

If you have answered YES to questions 1 or 2 please let us know if you have any strategies that work at home:

If you have answered NO to questions 3 or 4 please let us know what support we can provide during this residential stay:

Anything else you feel we need to be aware of for this trip:

Parent/Carer Name:

Parent/Carer Signature:
