

Induction Form

AM to PM Tutors – Student Induction Form

Student Information

Full Name: _____

Preferred Name (if different): _____

Date of Birth: _____

School & Year Group: _____

Parent/Carer Information

Full Name: _____

Relationship to Student: _____

Email: _____

Phone Number: _____

Additional Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Learning & Support Needs

Does your child have any diagnosed SEND or EHCP?

☐ Yes ☐ No

If yes, please provide details:

Are there any specific learning preferences, strategies, or known difficulties?

Behaviour or Pastoral Considerations

Are there any behavioural concerns or triggers we should be aware of?

Does your child benefit from breaks or movement activities during learning?

☐ Yes ☐ No

If yes, how often? _____

Medical Information

Any medical conditions or allergies?

Is medication required during sessions?

☐ Yes ☐ No (AM to PM Tutors does not administer medication.)

Permissions

Can your child be photographed for educational or promotional purposes (e.g. feedback, social media)?

☐ Yes ☐ No

Do you give consent for your child to access online learning platforms (e.g. Teams)?

☐ Yes ☐ No

Signature

Parent/Carer Signature: _____

Date: _____

Additional Information:
