Pupil Information Form for New Starters:

PUPIL INFORM	IATION FOR	R NEW SCHOOL		Date :			
Pupil's name:				Date of birth:		G	ender: M/F
Mother's name and phone/email:				Father's name and phone/email:			
Siblings:	Name:			Age:	School/class		
Date of arrival	in UK:				Ethnicity:		Religion:
Languages spoken in family:		 ily:		Languages spoken by p		upil:	
Languages read by pupil:				Languages written by pupil:			
Preferred meth	od of comn	nunication at home / so	cho	ol: phone/te	ext/email		
		hool meetings? Yes / N	10				
Country							
Previous scho	oling outsid	le the UK (including pro	e-so	chool):			

Subjects studied:						
Would you say your son or daughter is of low, average of high academic ability? (please circle)						
Pupil's hobbies and interests:						
Attendance and timing:						
Are you aware that 100% school attendance is the expectation in UK?						
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Are you aware that physical punishment is not allowed in UK schools?						
Medical information:						
Has your child had a recent sight test?						
Has your child had a recent hearing test?						
Has your child had a recent medical examination?						
Does your child have any allergies e.g. for	od / plasters etc. ?					
Does your child require any regular medicines during the school day? (please specify)						
Tool your ormanoquine any regular means	med daming and contest days. (product opening)					
Does your child have special dietary or dress requirements? (please specify)						
Is there anything else you would like to tell the school about your child?						
Have you any comments to make abou	t your child's first language development?					
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Sizes for school uniform						
Chest (cm)	Leg length (cm)					
Waist (cm)	Shoe size					
Additional Information:						
Form completed by (signature and role):						
Parent / Carer signature:Interpreter signature (if applicable):						
Date:						