

**Supplementary Admission form**

**for pupils with English an Additional Language**

**Personal details**

|  |  |  |
| --- | --- | --- |
| First name: | Family name: | Preferred Name: |
| Date of Birth:  | Place of birth: |
| Date of Arrival in UK: | Date of current school admission: |
| Religion: | Ethnicity: |
| Refugee / Asylum seeking background | YES/NO  |
| Pupil’s hobbies and interests:  |

**Family details:**

|  |
| --- |
| Names of parents/carers: |
| Mother’s country of origin: | Father’s country of origin: |
| Names of Siblings | Age | Gender | Current school (if applicable) |

**Language background**

|  |  |
| --- | --- |
| Languages spoken in the home |  |
| First languages spoken by child |  |
| Languages spoken with mother |  |
| Languages spoken with father |  |
| Languages spoken with siblings |  |
| Languages spoken with grandparents |  |

**What languages can your child read and write? (please tick)**

|  |  |  |
| --- | --- | --- |
| **Language** | **Reads** | **Writes** |
|  |  |  |
|  |  |  |
|  |  |  |

 **Educational background including pre school**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Country and name of institution** | **Date****(from – to )** | **Age****(from – to )** | **Language of instruction** | **Assessment****(Subjects / grades)** | **Extended absences / repeated years** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Favourite subjects at previous school |  |
| Can you provide a copy of previous school report? | YES/NO  |
| Did your child learn English at his/her previous school? | YES/NO  | How many years of instruction? |  |
| Grades: |  |

**What level do you think your child has in English? (please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good | A little | None |
| Speaking |  |  |  |
| Reading |  |  |  |
| Writing |  |  |  |

**Health and dietary information**

|  |  |  |
| --- | --- | --- |
|  | **Delete as appropriate** | **Further details if appropriate:** **( eg date of assessment / intervention)** |
| Does your child have any sight difficulties? | YES/NO  |  |
| Does your child have any hearing difficulties? | YES/NO  |  |
| Has your child ever had involvement from a Speech and Language therapist? | YES/NO  |  |
| Has your child ever had involvement from an educational psychologist? | YES/NO  |  |
| Does your child have any known difficulties with learning? ( eg dyslexia; motor difficulties;) | YES/NO  |  |
| Does your child have any dietary requirements? | YES/NO  |  |
| Does your child take any regular medication? | YES/NO  |  |
| Does your child have any known allergies? | YES/NO  |  |
| Has your family ever been supported by a social worker? | YES/NO |  |

**Support for parents/carers**

|  |  |
| --- | --- |
| Would you like an interpreter to attend at parents’ meetings? | YES/NO  |
| Can you bring an interpreter to parents’ meetings | YES/NO  |
| What is the most useful language for written communication? |  |
| Please write here any further information about your child or family that you think it would be useful for the school to know. |