Please complete this form with parents/carers

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL**  **Learner’s full name**  (Please indicate preferred name)  **Male/ Female**  **Date of birth**  **Country of birth**  **Ethnicity /**  **DCSF ethnic code**  **Siblings**  **First language/**  **home language**  **Pupil literacy in first/**  **home language**  **DfE English Proficiency Levels**  (Please detail all skill levels) |  | |  |
|  | |
|  | |
| **Year Group** | |
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|  | |
| Listening:  Speaking:  Reading:  Writing: | |
| **Level of schooling**  **and any difficulties arising in previous educational establishments?**  **Identified Additional Educational Need**  **Language(s) used for previous education**  **Family knowledge of English**  **Date of UK arrival:**  **UPN**  **Named school contact**  **Skills and interests**  **Health concerns**  **Reason for referral** |  | |  |
|  | **SEN**  (Please detail) |
|  | |
| **Would parents/carers benefit from**  **Interpreter for meetings**  **Yes No** | |
|  | |  |
|  | **School registration date** |
|  | |
|  | |
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| **Parent/carer permission for EMAS involvement** | | |  |
| **Parent/ carer signature** | **Date** | |
| **Signed** | **School agreement**  **Position** | |  |
|  |
|  | |
| **Date** |  |