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) |  |  |
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|  |
|  **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**  |  |