

TRANSITION INFORMATION FROM PARENTS

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| Name of your child: | Primary School: |
| Sibling(s): | Any agencies involved or previously involved with your family including siblings: |
| What are you most excited about when your child starts at Burscough Priory Academy? | |
| If you have any worries about your child starting at Burscough Priory Academy, what are they? | |
| Please suggest any strategies that could alleviate these worries? | |
| <p>Are there any students that your child (please include their surname) has positive friendships with that you would specifically like them to be in a house group with?</p> <p><i>Whilst this is dependent on the number of requests, we will always do our best to accommodate this</i></p> | |
| Does your child have any additional needs that you feel they will require support with in school? | |
| <p>Do you expect your child to settle in well?</p> <p>1 – Strongly Disagree 2 – Disagree 3 – Agree 4 – Strongly Agree</p> | |
| Is there any additional information you may feel relevant? | |