

TRANSITION INFORMATION FROM PARENTS

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 anxieties about your child starting at Burscough Priory Academy what are they?	
Please provide any suggestive strategies that would alleviate these anxieties for you?	
Are there any students that your child has positive friendships with that you would specifically like your child to be in a house group with? (Please include surname) Whilst this is dependent on the number of requests we will always do our best to accommodate this	
Does your child have any additional needs that you feel they will require support with in school?	
Do you expect your child to settle in well to High School? 1 – Strongly Disagree 2 – Disagree 3 – Agree 4 – Strongly Agree	
Is there any additional information you may feel relevant?	