

 **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 Wellfield Academy?** |
| **If you have any worries about your child starting at Wellfield Academy, what are they?** |
| **Please suggest any strategies that could alleviate these worries?** |
| **Are there any students that your child has positive friendships with that you would specifically like them 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?****1 – Strongly Disagree 2 – Disagree 3 – Agree 4 – Strongly Agree** |
| **Is there any additional information you may feel relevant?** |