



PRESTON MUSLIM GIRLS
— **HIGH SCHOOL** —

Education with Patience Modesty Gratitude Humility Sincerity

NEW PUPIL ADMISSION INFORMATION REQUEST

29 SEPTEMBER 2020
PRESTON MUSLIM GIRLS HIGH SCHOOL



To be completed by your child's current or most recent school

Checklist for school

Before returning this section to the parent, please make sure you have done the following:

- Discussed with the family the reason(s) for transfer
- Filled out all relevant sections of this form and advised of all relevant medical or social issues relating to the child or additional support the child has been receiving in school
- Agree that if the information provided is not sufficient, the school can contact you for further clarity

Pupil's First Name	Pupil's Surname	Date of Birth

Home Address:

Postcode	Telephone Number
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Email

UPN:	Current Year Group:
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School Name

Dates of attendance at this school	From
	To

Attendance Information

Please attach Attendance Registration Report for the last academic year

Is the pupil currently in receipt of Free School Meals (or at any time in the last six years)	Yes / No (Please delete as appropriate)
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School Support

KS2 SATS	Test sub-level	Year 7 CATS	Test Level	KS3	Assessment sub-level
English		Verbal		English	
Maths		Quantitative		Maths	
Science		Non-Verbal		Science	
		Mean SAS		ICT	

MFL subjects previously studied: (Please circle)	French German Spanish Other (please state)
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SEND Support Plan	Yes / No (Please delete as appropriate)
EHC Plan	Yes / No (Please delete as appropriate)





Early Help

Has an early help referral been made? Yes / No (Please delete as appropriate) If yes, please provide details

Attainment for KS3 and exam board and predicted grades where appropriate

Attainment KS3

Above expected standard

Expected Standard

Below expected standard

Attainment for KS4

Subject	Examination board	Current grade	Predicted grade	Date course began

Any additional support provided by the school

For example, PSP, Learning Support, Mentor





Number of days absent due to fixed term exclusion in the current and previous academic year			
Days		Occasions	
Number of days placed in internal exclusion/isolations			
Days		Occasions	
Has this child been permanently excluded? If yes, please provide details			
Other agencies involved Please attach reports or provide details on an extra sheet for every box you tick			
Education Psychologist service	Yes/No	Early Help	Yes/No
PRU – state referral dates	Yes/No	Social Care	Yes/No
Looked After Team	Yes/No	CAMH	Yes/No
Youth Offending Service	Yes/No	Education other than provided at school	Yes/No
Social worker's name			
Phone number of local authority			
Please add any other comments or information you think we may find helpful			
To be completed by your child's current or most recent school			
I can confirm that the information provided on this form is correct.			
Yes / No (Please delete as appropriate).			
Signed _____ Designation _____			
Name (please print) _____ Date _____			

Please return completed form with any supporting documents to the school

