



CRAWSHAW ACADEMY – TELL US ABOUT YOUR CHILD

Please tell us about your child in as much detail as possible by completing the form below.

Student's Full Name (as it appears on their birth certificate)

Primary School _____

Interests _____

Hobbies _____

What activities does your child take part in out of school?

Strengths and personal qualities.

Are there any areas you think your child may need support in?

Please provide full details of any medical conditions including allergies (do they need an inhaler / medication etc within school?)

Transition to High School involves a great deal of change for children and parents. We aim to support both students and parents with this process.

What are **your** worries about transition to High School?

What are your **child's** worries about transition to High School?

Does your child read regularly at home?	Y	N
Is reading material available?	Y	N
Do you have access to the Internet at home?	Y	N

What after school arrangements will you make with/for your child? (collected by parent / walk home with friend etc)

Position in family (e.g. oldest boy etc)

Any other information you would like to share with us?

Please return this completed form to school either by post or via a sibling to the Year 7 Manager, Suzanne Gaughan who can also be contacted on 0113 3368559 or by emailing Suzanne.gaughan@crowshawacademy.org.uk.

Thank You.