

**Supplementary Information Form**

The pupil’s **current school** must complete and return this form to Potter Street Academy. We cannot accept this form from the applicant.

|  |  |
| --- | --- |
| Current school |  |

|  |  |
| --- | --- |
| Pupil’s first name |  |
| Pupil’s last name |  |
| Pupil’s first language |  |

**Attendance**

|  |  |
| --- | --- |
| This academic year – number of authorised absences |  |
| This academic year – number of unauthorised absences |  |
| Last academic year – number of authorised absences |  |
| Last academic year – number of unauthorised absences |  |
| Punctuality | GOOD | AVERAGE | POOR |

**Exclusions**

Has this child been permanently excluded from a school Yes No

|  |  |
| --- | --- |
| If yes, please advise details: |  |
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|  |

Has this child had any fixed terms exclusions from your school Yes No

within the last 12 months?

|  |  |
| --- | --- |
| If yes, please advise details: |  |
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|  |

**Attainment**

*Please advise, where applicable, the pupils current levels*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| EYFS |  |  |  |  |  |
| KS1 Maths: |  | KS1 Reading: |  | KS1 Writing: |  |
| KS1 SPAG: |  |  |  |  |  |
| Ending of Y1 Phonics Screening Score: |  | Reading Age: |  |
| Ending of Y2 Phonics Screening Score: |  |  |  |  |
| KS2 Maths Current: |  | KS2 Reading Current: |  | KS2 Writing Current: |  |
| KS2 SPAG Current: |  | KS2 Science Current: |  |

**About the Pupil**

Does this child qualify for free school meals? Yes No

Is this child on the SEN register? Yes No

If yes, does the child have any of the following?

School support

Statement of Special Educational Needs

Education, Health and Care Plan

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| --- | --- |
| If child is on the SEN Register, what are their main needs? |  |
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Has this child ever been on the Child Protection register? Yes No

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| --- | --- |
| If yes, please advise details: |  |
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Does the child have involvement with any outside agencies? Yes No

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| --- | --- |
| If yes, please advise details: |  |
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| Any other comments? (including medical issues, any family issues, behaviour and relationships with staff and pupils: |
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Headteacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Headteacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official School Stamp**