



BRIGHT
LEARNERS

Bright Learners Private School Pupil Assessment Form

Pupil Information

First Name		Middle Name	
Family Name			
Nationality		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother Tongue		Language Spoken at Home	
English Proficiency	<input type="checkbox"/> Native <input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Poor		

Education Information

Current School / Nursery		Dates	From: _____ To: _____
Country		City	
Reason for Withdrawal			
School System - 12 / 13 years		Curriculum Type	
Has Your Child Studied Arabic <u>before</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, for how many years	

In order to fully assess your child's needs and to provide effective learning and support systems, we request you, as parents, to be completely open about answering the following questions. If you have answered 'YES' to any question, please attach any relevant documentation to this form.

Has your child ever:

Been assessed for learning difficulties?	Y / N	Been recommended for Occupational Therapy, Speech Therapy or Psychological Assessment?	Y / N
Been identified as More Able, Gifted or Talented?	Y / N	Repeated a year at school for any reason?	Y / N
Been suspended or excluded from school?	Y / N	Been identified as having a Special Educational Need?	Y / N
Been identified as having behavioural or social difficulties?	Y / N	Had the support of a Learning Support Assistant or Shadow Teacher?	Y / N

Contact Information

Name		Contact No.	
Email Address			

Sibling Information

Sibling(s) Name	Age	School / Nursery	Year Group



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Additional Information

Please provide below any other relevant information that you feel we should be aware of and that may have a bearing on your child's learning. This may be information regarding a divorce or bereavement, a crisis or trauma they have suffered or social issues such as bullying.

How did you hear about our school?

Declaration

I am fully aware of the need for comprehensive and accurate information regarding my child and declare that all the above details are true and correct. I understand that failure to provide accurate information may result in my child's school place being withdrawn.

Signature

Print Name

Date