

**NEWCOMER PUPIL DATA FORM**

Name of pupil	
Phonetic spelling of Name:	
Date of Birth:	
Address	<b><u>Telephone Number:</u></b>
Other family members	
Are all members of family in NI?	
1 <sup>st</sup> person with parental responsibility	Name: Relationship:
2 <sup>nd</sup> person with parental responsibility	Name: Relationship:
Country of origin of father	
Country of origin of mother	
Parents level of English	Weak <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/>
What name do you use for your child?	
Where was your child born?	
If not born in N. Ireland what date did your child arrive here?	
Do one/both parents need an interpreter for meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What languages do you speak with your child?	
Do you speak any other languages in your family?	
What languages does your child speak with others?	
What languages can your child read and write?	
Has your child ever previously attended a school where the language of instruction is English or another language ?	
Please estimate how many words your child knows in English	<input type="checkbox"/> <b>less than 10</b> <input type="checkbox"/> <input type="checkbox"/> <b>10 – 50</b> <input type="checkbox"/> <input type="checkbox"/> <b>50 – 100</b> <input type="checkbox"/> <input type="checkbox"/> <b>more than 100</b> <input type="checkbox"/>
Do you belong to a particular religious group?	
Has your child been baptised?	
Name of the Church and Country of Baptism	
Have you sent your child's Baptismal Certificate into school?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>
<b>PLEASE SEND BAPTISMAL CERTIFICATE INTO SCHOOL</b>	

Does your child have brothers/sisters?

Names of brothers/sisters:

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What schools do they attend?

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**Has your child received:**

First Confession

Yes       No

First Holy Communion

Yes       No

Confirmation

Yes       No

Does your child have any health problems?

- asthma
- anaemia
- epilepsy
- migraines
- allergies
- can't see well
- can't hear well
- can't sleep well

What type of school was it?

- primary
- specialist
- other

Please send us school reports.

Does your child have any additional or special needs?

Do you have any concerns about your child?

Would you like your child to have withdrawal support to help English and other subjects?

Do you allow the information on this form to be given to relevant outside agencies and to be used for other purposes in the school?

Parent's signature

Teacher conducting interview

Principal

Date