



Achieving Success Together

Moving on to Middle School

First School Students' Transfer Information



Name: _____

First School: _____

Name(s) of siblings who already attend **or** have attended Maiden Beech:

When determining class groupings, we take into account a large range of information. This includes assessment data, special educational needs, medical needs, as well as feedback from the students' class teacher. It is also very useful to have information from the student and their parents.

Please write the names of one or two children with whom you/your child would like to be placed, **if possible**. (It is fine if these children are from a different first school, please just let us know which one.)

1. _____

2. _____

Please tell us anything that you would like us to know about your child so he/she can be best placed.

Signed: _____

Date: _____

Please return this form in the provided SAE by Monday 21 June