## AXE VALLEY ACADEMY TRANSITION DAY FORM



## **PUPIL DETAILS**

Name					
Primary School					
Parent / Carer contact 1					
Parent / Carer cont	tact 2				
Medical / dietary in	nfo.				
Other relevant info	ormation				
Free School Meals	(Y/N)				
TRAVEL ARRANGEMENTS					
Method of Transport (Please complete one of the three columns).	1. Bus Beer Seaton Colyton		2. Parent Drop Off /Pick Up	3. Pupil will travel independently	
NB Option 1 Bus is only available for pupils from Beer, Seaton and	Name of adult picking up from bus stop		Name of adult picking up from Main Hall	Please confirm that pupil knows the route and is road-safety aware	
Colyton Primary Schools	Contact number if different from parent/carer details	ent	Contact number if different from parent/carer details		
TUTOR GROUP PREFERENCES					
Please list up to three pupils you would prefer to be in your tutor group		Fir	First preference:		
prefer to be in your tutor group		Se	Second preference:		
		Th	Third preference:		
Please tell us any pupil/s you would prefer not to be in your tutor group. Please provide details if appropriate.					

Please complete and return this to your child's Year 6 Teacher by Monday 5 June 2016