

Confidential Information Form

All information received in this form will be treated in confidence.

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| Child's full name | |
| Name of parent or guardian (1) | |
| Name of parent or guardian (2) | |

Under the School's Disability Policy, and Special Educational Needs Policy you have the opportunity to disclose:

- any medical condition, health problem or allergy affecting your child;
- any learning difficulty, disability, or special educational need of your child, as well as any behavioural, emotional and / or social difficulty of your child.

This will enable the School to consider any adjustments that it may need to make to assist your child to partake in the School's admissions procedure or when your child enters the School.

Please provide us with as much detail as possible in the space below. Where possible, please provide any relevant documentation such as medical reports, assessments etc.