

CONFIDENTIAL INFORMATION

Full Legal Name of Student _____

Date of Birth _____

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

We would invite you to disclose any pre-existing conditions for your daughter including, but not limited to:

- allergies, intolerances or other medical conditions
- disabilities or impairments
- learning difficulties or special educational needs
- behavioural, emotional or social difficulties.

This information will enable the School to consider any adjustments that it may need to make to assist your daughter to partake in the School's admissions procedure. Should an offer of a place be made, it will only be shared with the appropriate members of staff to provide the support required when they enter the School. For more information on how the School stores and uses the data on this form, please refer to our [Privacy Notice](#) available in the 'Our Policies' section of the School website.

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. We will contact you about any special arrangements your child may require upon registration.

Name _____

Relationship to Student _____

Signature _____

Date _____