

CONFIDENTIAL PUPIL INFORMATION FORM

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



ST JAMES
Senior Girls' School

Daughter's Name: Date of Birth:

Parents' / Legal Guardian's Title and Full Name:

Telephone number to be contacted on:

Current School: Telephone number:

Name of person to contact at school: Their Role:

Under the School's Disability Policy we are required to provide parents with the opportunity to disclose any medical conditions (including allergies) and any learning, behavioural, emotional or physical difficulties/disability of their daughter.

If it is normal practice for your daughter to receive special examination access arrangements, these **must** be requested in full on this form. It may **not** be possible to provide these arrangements if they have not been requested here. All requests must be supported by relevant health professionals' reports.

Please provide us with as much detail as possible in the space below.

Nature and effect of disability(ies), medical condition(s) including allergies and/or learning, behavioural, emotional or physical difficulties:	
Have any reports or assessments been carried out by health professionals in the last two years? If so, please supply a copy of all relevant documents.	
<p>Please indicate what special examination access arrangements are required for your daughter:</p> <p>If you are requesting special arrangements for your daughter to sit her examinations at St James, please ensure this section is countersigned by her Head Teacher, SENCo or Class Teacher.</p> <p>I confirm that the arrangements requested are the conditions which are’s normal way of working.</p> <p>Signed Position in School Date</p>	
Please indicate as fully as possible what special conditions/facilities would be required if your daughter attended the school as a pupil. These requirements must be supported by a health professional. The school will make reasonable adjustments in order to cater for a child's disability. The school is not legally required to supply auxiliary aids or services, or to make any alterations to the physical features of the school but may do so at its own discretion.	
Please give details of any medication taken by your daughter on a regular basis:	
Please use this space to provide any additional information of which we should be aware including any additional support received by professionals:	

Signature of Parent/Legal Guardian: Date:

Please Print Name: