

St James Senior Girls' School

CONFIDENTIAL PUPIL INFORMATION FORM



ST JAMES

DAUGHTER'S NAME:	DATE OF BIRTH:
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NATURE AND EFFECT OF DISABILITY/DISABILITIES, MEDICAL CONDITION(S) INCLUDING ALLERGIES AND/OR LEARNING DIFFICULTIES:	
HAVE ANY REPORTS OR ASSESSMENTS BY HEALTH PROFESSIONALS BEEN CARRIED OUT? PLEASE ENCLOSE COPIES.	
PLEASE INDICATE WHAT SPECIAL CONDITIONS ARE REQUIRED FOR YOUR DAUGHTER'S PARTICIPATION IN OUR ENTRANCE EXAMINATION:	
PLEASE INDICATE WHAT SPECIAL CONDITIONS ARE REQUIRED FOR YOUR DAUGHTER'S PARTICIPATION IN OUR OPEN DAYS	
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:	

SIGNATURE OF PARENT:	
PLEASE PRINT NAME:	
DATE:	