

Medical Details & Special Needs

Does your child have any medical conditions? ☐ Yes ☐ No

If yes please give details: _____

Has your child been assessed for Behavioural / Learning / Speech problems?

☐ Yes ☐ No

If yes, please give details and supply necessary reports: _____

Does your child have any diagnosed Special Needs? ☐ Yes ☐ No

If yes please give brief details. _____

Additional Details

Do you have any concerns about your child that may affect her in her school life?

Is there any history of learning difficulties in the family? ☐ Yes ☐ No

If yes, please give details: _____

Signed: _____ Date: _____

Office Use Only

Date and Time Received:	Received by:	Birth Cert Attached	
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