



Barrow Hills

SCHOOL

Confidential Information Form

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

1. DETAILS OF YOUR CHILD	
Surname:	
First Name:	
Name of parent/legal guardian (1):	
Name of parent/legal guardian (2):	

Please 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.

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 s/he 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.

