

CONFIDENTIAL INFORMATION TO SUPPORT LEARNING FORM

The Foundation *Terms and Conditions* state (paragraph 6.7) that parents must disclose to the School in writing relevant information relating to the child in confidence. This form is first completed with the Acceptance Form and parents are then requested to update this form just prior to each pupil joining the School. It is necessary for parents to continue to update the school on these matters as their child moves through the admissions process and then school.

Child's full name	Male	Female
Date of Birth	Year group on entry	
Was your child premature? (Please state number of weeks)		
Did he/she have any motor movement difficulties such as crawling/walking	ng? Yes	s No
If yes, please give details.		
Has your child had any difficulties acquiring language skills	Yes	
(e.g. speech, understanding, communicating with others)?	165	S INO
If yes, please give details and attach all written reports and other relevant	information.	
	in nairmant? Vac	No.
Has your child had any assessments which indicated any visual or hearing lf yes, please give details.	ng impairment? Yes	s No
ii yes, piedse give details.		
Is there any learning difficulty or special educational need that affects you (for example dyslexia, dyspraxia)?	ur childs Yes	No
If yes, please give details and attach all written reports and other relevant	information.	

Is there a history of such	difficulties in the family? Please give d	etails.	Yes	No
•	emotional and / or social communica example, autistic spectrum, attention	-	Yes	No
f yes, please give details	and attach all written reports and oth	er relevant information.		
Is there a history of such (difficulties in the family? If yes, please	give details.	Yes	No
your child and / or which	dition, disability, health problem, or allo may prevent your child from taking a pames/sports curriculum and outdoor	full part in the	Yes	No
Does your child use a wh	eelchair?		Yes	No
Please detail any current your child may have.	involvement of professionals who are	investigating suspected o	difficulties	
	ng's High School to contact any profes with my child eg Speech and Languag s, health professionals.		Yes	No
Please give any other de	tails which may affect your child's lear	ning.		
Main language spoken a	t home			
Additional language(s) sp	oken at home			
Does your child need sup	oport with speaking or understanding	English?	Yes	No
	First parent / legal guardian	Second parent / leg	al guardia	an
Signature			<u> </u>	
Name				
Date	·-			
Please return this form to	the Admissions Registrar on khs-adm	issions@warwickschools.c	<u>co.uk</u>	
For internal use only	Name:	Date:		