



## 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? Yes No

If yes, please give details.

Has your child had any difficulties acquiring language skills (e.g. speech, understanding, communicating with others)? Yes No

If yes, please give details and attach all written reports and other relevant information.

Has your child had any assessments which indicated any visual or hearing impairment? Yes No

If yes, please give details.

Is there any learning difficulty or special educational need that affects your child (for example dyslexia, dyspraxia)? 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 details. Yes      No

---

Is there any behavioural, emotional and / or social communication difficulty that affects your child (for example, autistic spectrum, attention deficit disorder)? 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? If yes, please give details. Yes      No

---

Is there any medical condition, disability, health problem, or allergy which affects your child and / or which may prevent your child from taking a full part in the School's academic and games/sports curriculum and outdoor activities? Yes      No

---

Does your child use a wheelchair? Yes      No

---

Please detail any current involvement of professionals who are investigating suspected difficulties your child may have.

---

We give permission for Warwick Preparatory School to contact any professionals who have been involved with my child eg Speech and Language Therapists, current Nursery providers, health professionals. Yes      No

---

Please give any other details which may affect your child's learning.

---

Main language spoken at home

---

Additional language(s) spoken at home

---

Does your child need support with speaking or understanding English? Yes      No

If yes, please give details.

---

\_\_\_\_\_ First parent / legal guardian      \_\_\_\_\_ Second parent / legal guardian

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to the Admissions Registrar on [admissions@warwickprep.com](mailto:admissions@warwickprep.com)

For internal use only      Name: \_\_\_\_\_      Date: \_\_\_\_\_