

SELF DECLARATION

(To be filled by parent/guardian during admission)

| Area of Concern | Yes | No | Specify if your answer is 'YES' |
|--|--------|-------|---------------------------------|
| History of speech delay | | | |
| Any major concerns with oral communication: | | | |
| Has difficulty understanding instructions or directions | | | |
| Has difficulty with vision | | | |
| Has difficulty with hearing | | | |
| Has medical concerns / ongoing medications | | | |
| Receiving support from SEND Department of present school. | | | |
| History of/following an Individual Education Plan | | | |
| History of /ongoing additional therapies | | | |
| Has Attention Deficit Hyperactivity Disorder (ADHD) / Oppositional Defiant Disorder (ODD) / Autism Spectrum Disorder / Anxiety disorder / Depression / Bipolar disorder / Learning disorders / Conduct disorders. (Specify if any) | | | |
| History of psychometric assessments attended | | | |
| History of repeating/demoting/not attending a particular grade/year | | | |
| Any other special concerns needs to be addressed | | | |
| confirm that the information provided above is true and correlated confirm that if at any stage, this information submitted will have all authorities to take decisions as per the school p | y me i | s fou | |
| ignature: (Parent/Guardian) | | | Date: |