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# Confidential Form

## **STRICTLY CONFIDENTIAL**

Dear Parents/Guardians,

It is **extremely important** that the school should have accurate information on all pupils. Please help us to make sure that our data is up to date by filling in the following information on each of your children in the school.

Child's Name: \_\_\_\_\_ Class \_\_\_\_\_  
(As on birth certificate)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

P.P.S.N: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternative Contact Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Please do not leave these spaces unfilled)

Parent / Guardian Name: \_\_\_\_\_

Does your child have a medical condition that the school should be aware of?

Please state details of any medical condition which your child has:

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Please provide details of any school-related assessments your child has had:

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Below please add any other information that you feel may be of relevance.

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