



Please do not submit this form if your child has already been granted access arrangements.

## APPLICATION FOR ACCESS ARRANGEMENTS (INTERNAL EXAMS)

Section 1 Pupil's Information	
Pupil's Name: (As in Birth Cert)	
Birth Cert No.:	
Class	

Section 2 Reason for Application <i>(Must be supported by a Psychological Report or a Medical Specialist Letter/Memo)</i>
<b>2.1 Learning Disabilities</b>
<input type="checkbox"/> Dyslexia <input type="checkbox"/> ADHD <input type="checkbox"/> ASD <input type="checkbox"/> Speech/Language Impairment (including Specific Language Impairment) <input type="checkbox"/> Others, <i>pls specify:</i> _____ _____
<b>2.2 Physical Disabilities</b>
<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Speech Impairment/Difficulties <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Others, <i>pls specify:</i> _____ _____
<b>2.3 Medical Condition</b>
Medical Condition: <i>Pls specify:</i> _____ _____

**Section 3 Access Arrangements Requested**

**Section 4 Psychological Report/Medical Specialist Letter/Memo**

Kindly tick (✓) the box that applies.

- Pupil's psychological report and/or supporting documents are attached
- Pupil's psychological report and/or supporting documents have been submitted to the school

**Section 5 Parent's Acknowledgement and Particulars**

*I understand that Access Arrangements are **granted on a needs basis** in consultation with my son's teachers and observations. The need for Access Arrangements will be reviewed by the school and gradually removed based on data collected and the invigilator's feedback. This is in line with our school's policy of growing our boys into independence.*

\_\_\_\_\_ Parent's Name

\_\_\_\_\_ Parent's Signature

Contact Numbers: \_\_\_\_\_

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

Date: \_\_\_\_\_