



ST. MARY'S INTERNATIONAL SCHOOL
1-6-19, Seta, Setagaya-ku Tokyo 158-8668 Japan
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CONFIDENTIAL INFORMATION FORM
for the St. Mary's Counselor and/or the School Nurse

Name of Applicant:	Grade:	Age:
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1. Has your son been referred for or had an Educational Diagnostic Evaluation?

Yes No

If Yes, please describe the circumstances below. Testing results should be included for his confidential file.

2. Please describe any physical handicaps below.

3. Has your son been enrolled in any special program?

Yes No

If yes, please check one and describe it below.

Accelerated Remedial Learning Disability Program

Parent's Signature: _____

Date: mm/dd/yyyy _____