

Placing Request Application Form

PLACING REQUEST REF. NO:

Pupil's Details

Forename

Date of Birth

Surname

Gender (M/F)

Parent/Legal Guardian

Title

Forename

Surname

Is the child resident in Highland? YES / NO

Please state current address

If moving, please state new address

Postcode

Postcode

Tel. No:

Mobile No:

Date of moving

Name of Present
Catchment School

Name of Requested
School (first choice)

Present Stage
at School

Name of Present
School or Nursery

Requested
Stage

Name of Second
Choice School

Preferred
Start Date

Is your child in enhanced provision? YES / NO

Does your child have additional support needs?
(children with additional support needs may, for
instance, have an Individual Educational Programme)

YES / NO

Does your child have a Co-ordinated Support Plan? YES / NO

YES / NO

Is your child a twin, triplet etc? YES / NO

Are you making placing requests for all same age siblings to attend the same school? YES / NO

If yes, please give names and dates of birth of siblings of same age:

Name:	Date of Birth:
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Name:	Date of Birth:
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Do you have any other children currently attending the requested school? YES / NO

If yes, please gives names and dates of birth:

Name:	Date of Birth:
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Name:	Date of Birth:
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Name:	Date of Birth:
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Please state your reasons for making this placing request

If required continue overleaf

I declare that to the best of my knowledge and belief, all the information that I have given in connection with this application is full and correct in every respect. I understand that the giving of any false information or withholding of relevant information may result in the withdrawal of the offer of a place at my chosen school.

I confirm and understand and agree to the notes and conditions as stated on this form. YES / NO

Signed: (Parent / Legal Guardian)

Date:

FOR OFFICE USE ONLY

Date received:	<input type="text"/>	Time received:	<input type="text"/>
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