As a parent you have the right to ask for your child(ren) to be educated in a school other than the local school. This applies only to primary and secondary schools and not to Early Years and Childcare settings. It is important that you have read the associated Placing Request Guidance prior to completing this form. For quick and secure processing, we recommend that this form be completed and submitted online.

**Requested School**

**Pupil Year Group**

**2nd Choice School**

**Application Date**

Date Placing Request to start – term times

---

**Parent / Guardian / Carer Details**

<table>
<thead>
<tr>
<th>Title</th>
<th>First Name</th>
<th>Surname</th>
</tr>
</thead>
</table>

**Current address**

<table>
<thead>
<tr>
<th>House Name/Number</th>
<th>Street</th>
<th>Town</th>
<th>Area</th>
<th>Postcode</th>
<th>Home Tel No</th>
</tr>
</thead>
</table>

If moving, please state new address

<table>
<thead>
<tr>
<th>House Name/Number</th>
<th>Street</th>
<th>Town</th>
<th>Area</th>
<th>Postcode</th>
<th>Home Tel No</th>
</tr>
</thead>
</table>

**Pupil 1 Details**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Date of Birth</th>
<th>Current Year</th>
<th>Gender M/F</th>
</tr>
</thead>
</table>

**Pupil 2 Details**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Date of Birth</th>
<th>Current Year</th>
<th>Gender M/F</th>
</tr>
</thead>
</table>

**Pupil 3 Details**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Date of Birth</th>
<th>Current Year</th>
<th>Gender M/F</th>
</tr>
</thead>
</table>

*If you have a child in school, please select the appropriate school catchment.*

Current School*

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Does your child have a Co-ordinated Support Plan? (check box only if applicable) [ ]

Does your child have Additional Support Needs (Individual Education Programme)? [ ]

Please SELECT if you wish to add details for additional children. Additional children can be added at the end of the form [ ]

Do you have any children currently attending the requested school? [YES] [NO]
Please state your reasons for making this placing request

☐ 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 that I understand and agree to the notes and conditions as stated in the Guidance

☐ I understand that the council may check the details provided by me on this form against records held by the council for the purposes of administering council tax and housing benefit.

Please save a copy of this form to your computer.
Please then attach the document to an e-mail and send to the appropriate address below for processing.

For Schools in Inverness, Nairn, Badenoch and Strathspey please submit to ........................................ carelearningadmin@highland.gov.uk
For Schools in Easter Ross, Mid Ross and Cromarty please submit to ........................................................... cl.adminmid@highland.gov.uk
For Schools in Lochaber, Skye and Lochalsh and Wester Ross please submit to ......................................... clochaberadmin@highland.gov.uk
For Schools in Caithness and Sutherland please submit to ................................................................. cl.northadmin@highland.gov.uk

Alternatively you can print this form and return to your Area Education Office. For your nearest office please refer to the Guidance.

Data Protection – Please also see Privacy Notice on Highland Council website.

The information you have provided on this form (and the supporting evidence - where applicable) will be used by Highland Council (the “data controller” for the purposes of data protection legislation) in order to process the admission of your child into Formal Education. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed. The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law. In order to improve service delivery, we routinely exchange information with NHS Highland.

FOR OFFICE USE ONLY

Date and time Received __________________________ Have the above details been processed? YES ☐ NO ☐

For the Attention of (Select Appropriate Area C&L Manager) __________________________

To the Area Care & Learning Manager:

Please view the application above, and provide reasoning for your acceptance or refusal below and return by e-mail to the appropriate Shared Business Support team for processing.

Approved YES ☐ NO ☐ Refusal Code __________________________

Additional Notes __________________________