# **Placing Request Application Form**

Please complete in BLOCK CAPITALS and return this form by email to: **placingrequest@aberdeenshire.gov.uk**

Child’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Date of Birth |  | | |
| Address |  | | |
|  | | | |
|  | | Postcode |  |

Requested School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Requested | First Choice | |  | |
| Second Choice | |  | |
| Zoned School (This is the designated school for your child's address, leave blank if unknown) | | |  | |
| Current School / Nursery | | |  | |
| Requested Start Date | |  | Year Group on start date (e.g. P1) |  |

Parent / Carer Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | Full Name |  | | |
| Same address as child (Yes / No) | | | | |  | | |
| Address if different from above | | | | |  | | |
|  | | | | | | | |
|  | | | | | | | |
| Telephone contacts  (in priority order) | | 1 |  | | | Email | |
| 2 |  | | |  | |
| 3 |  | | |  | |
| Are you completing an additional form for any other children? ( Yes / No) | | | | | | |  |
| Children’s Names | | | |  | | | |
|  | | | | | | | |
|  | | | | | | | |

|  |  |
| --- | --- |
| Sibling(s) attending requested school | |
| Please give details of any brothers and sisters already attending the requested school | |
| Full Name | Stage/ Year on requested start date |
|  |  |
|  |  |
|  |  |

Additional Support Needs

|  |  |  |  |
| --- | --- | --- | --- |
| Does your child have any additional support need? (Yes / No) | | |  |
| If yes, please specify: | | | |
| Does your child have an individualised education programme or a co-ordinated support plan? | | | |
| IEP (Yes / No) |  | CSP (Yes / No) |  |

Support with English Language – for children whose first language is not English

|  |  |
| --- | --- |
| What is the first language of your child? |  |
| Does your child need support with English language |  |

Reasons for Application

You are not required to give a reason but, if you don’t, and there are more out of zone placing requests for the school of your choice than there are available pupil spaces, this may affect our ability to grant you a place.

|  |
| --- |
|  |

Declaration

I declare that I am the parent or legal guardian for the child above and the information provided is correct. I understand that failure to provide accurate information may result in my child's application being refused.

I understand that I will be responsible for the arrangement and any cost of transport for my child to and from the requested school. (Transport is not normally provided for children attending a school out with their zoned area. However, you can apply for a seat on any existing transport but should note that this can be withdrawn at any time without any notice being given.)

The Data Protection Act

I have read and understood the attached Privacy Notice detailing the legal basis, retention period and my rights in relation to the data being collected.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Parent/ Carer: |  | Date: |  |