



Office Use Only

Placing Request Application Form

Please complete in BLOCK CAPITALS

Date Stamp	
Ref.	
Outcome	
Date Letter Sent	

Child's Details

Full Name:	
Date of Birth:	
Gender:	
Are you completing a form for any other children?	Y / N
Children's Names	

Parent / Carer Details

Title	Mr Mrs Miss Ms Dr (delete as appropriate)	Full Name	
Address:			
Telephone contacts (in priority order)	1		Postcode
	2		Email
	3		

Requested School

School Requested	
Zoned School (This is the designated school for your child's address, leave blank if unknown)	
For P1 applications only , have you also submitted an admission form to the zoned school?	Yes/ No (please delete)
Current School / Nursery	
Requested Start Date	Year/Stage on start date (e.g. P1)

Additional Support Needs

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

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.

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Sibling(s) attending school

Please give details of any brothers and sisters already attending the requested school

Full Name	Stage/ Year on requested start date

Declaration

I declare that the information provided above 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 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 However, you can apply for a concessionary seat on any existing transport but should note that this can be withdrawn at any time without any notice being given.)

Signature of Parent/ Carer:		Date:	
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Please complete and return this form by email to: placingrequest@aberdeenshire.gov.uk or send to Aberdeenshire Council, Learning Estates Team, Gordon House, Blackhall Road, Inverurie AB51 3WA

The Data Protection Act

The information on this form is processed electronically for administrative purposes and is subject to the term of the Data Protection Act 1998.

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Comments:

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