## Comhairle nan Eilean Siar Education, Skills and Children's Services Department

## **Primary School Placing Request Application**

Title (Mr/Mrs/Miss/Ms etc)	rdian's Details:	Forename/s	
THE (MITMISTINISSTINIS CLC)	Carname	Torenamore	
Telephone No / Mobile No	Home Address (including Postcode)		
❖ Child's Deta	ails:		
Surname			
Forename			
Gender	Male / Female (please delete as a	appropriate)	
Date of Birth	maio / i cinaio (picaco aciote de la	, pp. op. id.o.)	
Date of Birtii			
❖ Entry to Pri	mary School:		-
<ul> <li>Entry to Pri</li> <li>Name of the design</li> </ul>		iddress:	
	mary School:	address:	
1. Name of the design	ated primary school for your home a		
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Name of the design     Date on which your	ated primary school for your home a	o start school:	
Name of the design     Date on which your	ated primary school for your home a	o start school:	
Name of the design     Date on which your     School to which place.	ated primary school for your home at a child would normally be expected to acing request is sought (please indi	o start school:  cate English or Gaelic Medium):	
2. Date on which your  3. School to which pla  Placing req	ated primary school for your home a rechild would normally be expected to acing request is sought (please indi	o start school:  cate English or Gaelic Medium):	
2. Date on which your  3. School to which pla  Placing req	ated primary school for your home at a child would normally be expected to acing request is sought (please indi	o start school:  cate English or Gaelic Medium):	
2. Date on which your  3. School to which pla  Placing req	ated primary school for your home a rechild would normally be expected to acing request is sought (please indi	o start school:  cate English or Gaelic Medium):	
2. Date on which your  3. School to which pla  Placing req	ated primary school for your home a rechild would normally be expected to acing request is sought (please indicated by the second of the secon	o start school:  cate English or Gaelic Medium):	
2. Date on which your  3. School to which pla  Placing req  1. Name of the school	ated primary school for your home a rechild would normally be expected to acing request is sought (please indicated by the second of the secon	o start school:  cate English or Gaelic Medium):	
2. Date on which your  3. School to which pla  Placing req  1. Name of the school  2. His/Her class or sta	ated primary school for your home a rechild would normally be expected to acing request is sought (please indicated by the second of the secon	o start school:  cate English or Gaelic Medium):	

Reasons for Request: <i>(optional)</i>
Please indicate if your child has additional support needs, and, if so, give brief details:
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Declaration by Parent/Guardian:
understand that Parents are required to meet additional transport costs arising as a result of a placing equest.
Please read the two statements below, delete whichever one does not apply and sign below.
A I agree that, if granted, this placing request will take effect at the start of next session
<u>OR</u>
Having considered the educational advice given with regard to mid-session transfer/admission I wish this placing request, if granted, to take effect at the first available opportunity.
Signature of Parent/Guardian: Date:
<b><u>NB</u></b> : If there is insufficient space on this form, please use an additional sheet.

Please return the completed form to:

Louise Smith, Principal Officer, Staffing Department of Education, Skills and Children's Services Comhairle nan Eilean Siar Sandwick Road, Stornoway HS1 2BW