



# Comhairle nan Eilean Siar

Education and Children's Services Department

## Secondary School Placing Request Application

### ❖ Parent/Guardian's Details:

<b>Title</b> (Mr/Mrs/Miss/Ms etc)	<b>Surname</b>	<b>Forename/s</b>
<b>Telephone No / Mobile No</b>	<b>Home Address (including Postcode)</b>	

### ❖ Child's Details:

<b>Surname</b>	
<b>Forename</b>	
<b>Gender</b>	<b>Male / Female</b> (please delete as appropriate)
<b>Date of Birth</b>	

### ❖ Entry to Secondary School:

<b>1. Name of the designated secondary school for your home address:</b>
<b>2. Name of the primary school your child currently attends:</b>
<b>3. School to which placing request is sought:</b>

### ❖ Placing request during Secondary Education:

<b>1. Name of the school your child currently attends:</b>
<b>2. His/Her class or stage:</b>
<b>3. School to which placing request is sought:</b>

❖ **Reasons for Request: *(optional)***

❖ **Please indicate if your child has additional support needs, and, if so, give brief details:**

***Declaration by Parent/Guardian:***

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**

**OR**

**B 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: .....

**NB:** If there is insufficient space on this form, please use an additional sheet.

***Please return the completed form to:***

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