

**APPLICATION FOR A PLACE AT  
A SECONDARY SCHOOL**

Print in block capitals and return to the school of your choice.

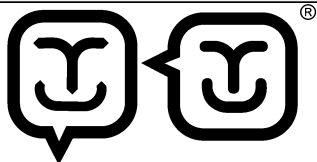
(Please do not use this form if your child is in Primary 7, there is a separate application form for the P7 to S1 transfer, which is available at all City of Edinburgh Council primary schools from mid-November each year)

<b>1</b>	<b>REQUESTED SECONDARY SCHOOL</b>	
School:		Please circle the requested year group <b>S1 S2 S3 S4 S5 S6</b>

<b>2</b>	<b>PUPIL DETAILS</b>
Forename:	Date of birth: D   D   M   M   Y   Y   Y   Y
Surname:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Current or previous School attended:	Please circle the current year group <b>S1 S2 S3 S4 S5 S6</b>

<b>3</b>	<b>PARENTS/CARERS WITH WHOM PUPIL RESIDES</b>
Title: MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> OTHER:	Title: MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> OTHER:
Surname:	Surname:
Forename:	Forename:
Relationship:	Relationship:
Daytime Tel:	Daytime Tel:
e-mail:	e-mail:
Address:	How long have you been resident at your current address?
	Years Months
Postcode:	

<b>4</b>	<b>REASONS IN SUPPORT OF APPLICATION</b>	Please tick the appropriate box if any of the following reasons apply. These reasons are not in any priority order, and there is no points system on the basis of how many reasons you tick. You may wish to provide additional information in section 6 overleaf.	
<b>1</b>	<input type="checkbox"/> Brothers & sisters who will be in attendance at requested school	<b>2</b>	<input type="checkbox"/> Certified medical reasons <b>(Please supply medical evidence if you wish this to be taken into account)</b>
<b>3</b>	<input type="checkbox"/> Ease of access for the disabled	<b>4</b>	<input type="checkbox"/> Behavioural problems
<b>5</b>	<input type="checkbox"/> Pupil having suffered or likely to suffer bullying and/or racial harassment	<b>6</b>	<input type="checkbox"/> Affinity with the aims, philosophy and/or religious beliefs of the school
<b>7</b>	<input type="checkbox"/> Road safety, ease of travel or proximity of home to school	<b>8</b>	<input type="checkbox"/> Nature or locality of parent's employment (if relevant to placing request)
<b>9</b>	<input type="checkbox"/> Educational course not available at catchment area school	<b>10</b>	<input type="checkbox"/> Attendance at associated primary school



**HAPPY TO TRANSLATE**

ترجمہ کے لئے حاضر آئیں اور سہولت سے ترجمہ کریں

بیسعدنا توفير الترجمة MOZEMY PRZETŁUMACZYĆ 很乐意翻译

You can get this document on tape, in Braille, large print and various computer formats if you ask us.

Please contact Interpretation and Translation Service (ITS) on 0131 242 8181 and quote reference number 091069.

ITS can also give information on community language translations. You can get more copies of this document by calling your local school.

<b>5</b>	<b>Subject/Course details</b> (For stages S3 and above only)	Please complete the table below with the subjects the pupil has studied. Please give subject name, level of course and dates studied.	
	<b>Subject Name</b>	<b>Course Level</b>	<b>Date</b>
			<b>From</b> <b>To</b>
	<i>e.g. English</i>	<i>Higher</i>	<i>June 2008</i> <i>July 2009</i>

**6 ADDITIONAL INFORMATION**

If your requested school is oversubscribed, it is important that you provide all relevant information in support of your request to indicate why your request should be treated as an exceptional case.

**7 DECLARATION**

I confirm that the information given in this form is true, and that any accompanying enclosures are genuine. I also understand that if I have applied for a place at a non-catchment school and my placing request is successful, I will be responsible for all transport costs. **Please note that a place granted on the basis of false information will be withdrawn.**

Signature of Parent/Carer:		Date:	
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Date Received

<b>[FOR OFFICE USE ONLY]</b>			
Sibling	<input type="checkbox"/>	Non-sibling	<input type="checkbox"/>
Catchment	<input type="checkbox"/>	Non-catchment	<input type="checkbox"/>
Resident Outwith Edinburgh	<input type="checkbox"/>	Local Authority area :-	

GRANTED	<input type="checkbox"/>	REFUSED	<input type="checkbox"/>	REASON FOR REFUSAL :-	
<b>1</b>	<input type="checkbox"/>	Make it necessary to employ an additional teacher	<b>2</b>	<input type="checkbox"/>	Would give rise to significant expenditure on extending or altering accommodation
<b>3</b>	<input type="checkbox"/>	Seriously detrimental to order and discipline in the school	<b>4</b>	<input type="checkbox"/>	Seriously detrimental to the educational well-being of the other pupils already at the school
<b>5</b>	<input type="checkbox"/>	Seriously detrimental to the continuity of the child's education	<b>6</b>	<input type="checkbox"/>	Education normally provided at the school would not be suited to the age, ability or aptitude of the child
<b>7</b>	<input type="checkbox"/>	Education Authority has already required the child to discontinue attendance at the requested school	<b>8</b>	<input type="checkbox"/>	Would prevent reserving a place for a child likely to move into the catchment area in year
<b>9</b>	<input type="checkbox"/>	Make it necessary to create an additional class or employ an additional teacher at a future stage of the child's primary education	<b>10</b>	<input type="checkbox"/>	Would have the consequence that the capacity of the school would be exceeded in terms of pupil numbers

Date acknowledgement letter sent to parent	Date final decision letter sent to parent