

In support of your claim for special circumstances, please provide the following information relating to standardised test results available from your child’s primary school which you are entitled to receive under the Education (Pupils Records & Reporting) (Transitional) Regulations (NI) 2009, the Freedom of Information Act and the Data Protection Act:

| Year | Test taken | Name of Standardised Test | Date Tested | Standardised Score |
|-----------|-------------------|---------------------------|-------------|--------------------|
| Primary 5 | English/Literacy: | | | |
| | Maths/Numeracy: | | | |
| | Other: | | | |
| | Other: | | | |
| Primary 6 | English/Literacy: | | | |
| | Maths/Numeracy: | | | |
| | Other: | | | |
| | Other: | | | |
| Primary 7 | English/Literacy: | | | |
| | Maths/Numeracy: | | | |
| | Other: | | | |
| | Other: | | | |

In support of your claim for special circumstances, please provide any other standardised results which are available from your child’s primary school or from specialist educational reports which are not included in the table above:

I confirm that the results listed above are accurate and they were achieved by the child named overleaf.

Signature of Principal: _____ Date: _____

Name of Principal: _____
(BLOCK CAPITALS)

Name of Primary School: _____
(BLOCK CAPITALS)

If you have additional appropriately verified educational evidence, please append it to this form along with your medical or other documentary evidence which has been verified by an appropriate professional.

Please complete the declaration below:

I have read and understood the information provided in the “Claiming Special Circumstances – A Guide for Parents and Guardians” provided with this form. The information that I have provided on this form and attached to it is correct and has been appropriately verified. I accept that the provision of false or incorrect information will result in either the withdrawal of a place or the inability of a school to offer a place to my child.

Parent/Guardian signature: _____ Date: _____

Name of Parent/Guardian: _____
(BLOCK CAPITALS)