Claim for Special Circumstances (Form SC1)

Name of Child:	(Block Capitals)
Date of Birth:	
Entrance Assessment Centre:	
Carefully read the document, "Claiming Special Circumstance completing the sections below:	es – A Guide for Parents and Guardians" before
Please give a detailed explanation of the special circumsta his/her performance in the Entrance Assessment taken at	nces which you are claiming for your child in relation to the above named Entrance Assessment Centre:
	Please continue on a senarate sheet, if necessar

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:			
		al circumstances, please provide any other standardised n specialist educational reports which are not included in		valiable from
		ove are accurate and they were achieved by the child na		
Signatur	e of Principal:		Date:	
Nam	e of Principal:	(BLOCK CAPITALS)		
Name of Pr	imary School:			
		(BLOCK CAPITALS)		
		ly verified educational evidence, please append it to this h has been verified by an appropriate professional.	form along with you	ur medical or
I have read a		n below: Iformation provided in the "Claiming Special Circumstand n. The information that I have provided on this form and a		

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)	