# **Application for Special Provisions (SP Form)**

(for use by schools using the SEAG Entrance Assessment as part of their admissions procedures)

Date of Birth: /dd/~	of Child:				(Block Capitals)
Date of Birth: (dd/m	ım/yyyy)			(	(Block Capitals)
Carefully read the docun sections below. Please requirement for the appli	note, every claim mu cation to be consider	ist have Section A, red.	Section B and Sect	ion G completed as	
	Sectio	n A – Basis of Spe	ecial Provisions Cl	aim	
Special Provisions is ava					ne or more of the
		CRITERION			TICK
(i) My child has rec	eived more than half	of their education i	n a school outside l	Northern Ireland	
(ii) My child will be t	ransferring from a pr	rimary school outsic	de Northern Ireland		
(iii) My child, due to a Entrance Assessment O Assessment papers.	a serious medical or R has an estimated o				
		Section	В		
	Please comp	lete Section B(i). I	B(ii) or B(iii) as apı	olicable	
Section B(i)		(),	( )		
f you are Claiming Spec outside Northern Ireland				alf of their primary e	ducation in a schoo
Name of School	Date my child first attended: dd/mm/yyyy	Date my child last attended: dd/mm/yyyy	Full address of school	Email address of school	School contact telephone
					number
					-
					-
					-
					-

In addition to completing this Special Provisions form, you **MUST** also obtain a letter on school headed notepaper from your child's current primary school signed by the school Principal which shows the total dates of your child's education within Northern Ireland. This information is available to the primary school Principal through the SIMS School History section.

Application for Special Provisions (SP Form)

Primary School Name:	
Address:	
Email address:	
Contact phone number (with country code if applicable);	
Name of Headteacher/Principal:	
the primary school which contacurrently a pupil at the school ale.  If, due to your particular circum why it is that that documentation have recently arrived in Nor documentation difficult or impossible.	pecial Provisions form, you <b>MUST</b> also attach a signed and dated letter from the Principal or ains the full name, date of birth and home address of your child, confirming that your child is and also states the date when your child commenced their education at that school.  Instances, you are unable to provide documentation from former school(s) you MUST explain a cannot be provided. It is anticipated that this will only arise in respect of those children who thern Ireland from countries where conflict or political unrest make the provision of a schools in Northern Ireland still have a legal duty to verify the basis of your application is reasonable requests to do so.
Section B(iii)	
to sit the SEAG Entrance Asse	visions because your child, due to a serious medical or other problem, was EITHER unable ssment OR has an estimated outcome because they only sat one of the two Entrance ovide details of the grounds of your claim below:
Please continue on an addition	al page if necessary.
	pecial Provisions form, you should provide a letter from your child's GP or Medical Consultan
	ional indicating the nature of the serious medical problems or reason for the absence and/or m taking either SEAG Entrance Assessment Paper 1 or Paper 2.

Section B(ii)

### Section C - if claiming under Criterion (i) or (ii)

If your child has received more than half of their education in a school outside Northern Ireland OR

your child will be transferring from a school outside Northern Ireland please complete this section:

Did you child take the SEAG Entrance Assessment?	YES	NO
(Please tick as appropriate)		
If YES, please provide the information requested below:		
Name of Assessment Centre		
Result in form of Total Standardised Age Score (TSAS)		
Result in form of Band		

#### Section D - Educational Evidence

Has your child been assessed by an Educational Psychologist?			No	
(if you have ticked Yes, please	attach the	report	to this f	orm)
Are you able to provide any information relating to standardised test scores for your child?	Yes		No	
(if you have ticked Yes, please	se comple	te the	table be	low:)

In support of your claim for Special Provisions, if your child has standardised test results available from their primary school please set them out below. You are entitled to receive this data 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
	English/Literacy:			
Primary 5	Maths/Numeracy:			
or equivalent	Other:			
	Other:			
Primary 6 or equivalent	English/Literacy:			
	Maths/Numeracy:			
	Other:			
	Other:			
	English/Literacy:			
Primary 7 or equivalent	Maths/Numeracy:			
	Other:			
	Other:			

In support of your claim form your child's primary	or Special Provisions, please provide any other standardise school or from specialist educational reports which are no	ed results which are available tincluded in the table above:
	dised test results above, please note that a signature is required ture authenticates the educational data only - it does not signify d.	
Signature of Principal: _		Date:
Name of Principal: _	(BLOCK CAPITALS)	
Name of Primary School: _	(BLOCK CAPITALS)	

#### Section E – Comparative Educational Evidence

It may assist this application if you were to supply, **where available**, as much as possible of the data for the other pupils in your child's class. **No names should be provided, except for that of the child named above.** 

Please complete the table below. Some schools may find it more convenient to provide information in the table as a printout from a spreadsheet or other program. A signature is required to authenticate the educational data only – it does not signify any support or comment on the other information provided.

D . "	Standardised Test Scores									
Pupil	P5 Maths/ Numeracy	P5 English/ Literacy	P6 Maths/ Numeracy	P6 English/ Literacy	P7 Maths/ Numeracy	P7 English/ Literacy	Other (please specify)	Other (please specify)	Other (please specify)	SEAG Total SAS
Pupil 1										
Pupil 2										
Pupil 3										
Pupil 4										
Pupil 5										
Pupil 6										
Pupil 7										
Pupil 8										
Pupil 9										
Pupil 10										
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Pupil 30										

Signature of Principal:		Date:
Name of Principal:		
·	(BLOCK CAPITALS)	
Name of Primary School:		
	(BLOCK CAPITALS)	

## Section F - Any other relevant information

Please provide any other information, not captured in Provisions for your child:	n the sections above, which is relevant to your application for Special
	(Continue on a separate sheet if necessary and attach it to this form)
	Parent/Guardian Declaration
Please complete the declaration below:	
	rovided in the document "Claiming Special Provisions – A Guide for teria of the schools that I have listed on the Transfer Application relating
	from my child's primary school and other relevant sources to support as and all other documentary evidence in support of this application.
The information that I have provided on this formation that I have provided on this formation.	orm and attached to it is correct and has been appropriately verified.
<ul> <li>I accept that the provision of false or incorrect of a school to offer a place to my child.</li> </ul>	information may result in either the withdrawal of a place or the inability
	ay be shared with other schools using the SEAG Entrance rther assessment of my child's ability carried out in any school may be strance Assessment.
Signature of Parent/Guardian:	Date:
Name of Parent/Guardian:	(BLOCK CAPITALS)

This application for Special Provisions must be uploaded with the Transfer Application via the Education Authority application process. (see Parents' Guide for Claiming Special Provisions)