

**Placement Change Panel: Early Entry to Primary 1**

***Cover Sheet***

**Child**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Date of Birth:  |   |
| Address:  |   |
| Current Nursery:  |   | Date Commenced: |   |
| Name of Proposed Primary School (where your child will enrol for P1) |  |
| Is this child looked after?  | Yes  |   | No  |  | Local Authority: |   |

**Why do you think your child would benefit from early entry to school?**

|  |
| --- |
| Please describe the exceptional abilities your child demonstrates in all areas of child development. |
|  |
| Please explain why these exceptional abilities cannot be met within a pre-school year. |
|  |

**Supporting paperwork submitted:**

If all the information is not presented this **will** delay the application being considered.

|  |  |
| --- | --- |
| Form 2A Wellbeing Observations and Assessment |  |
| Form 6 Record of Child/Young Person’s Meeting |  |

**Parental/Carer Consent**

I have been given a copy of this form and agree with the recommendation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_

**Headteacher/Manager Signature**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Named Person

🞏 Lead Professional

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Contact details:  |  |

Please submit application to: edu.pcp@falkirk.gov.uk

DEADLINE 17th December each year