

Special Dispensation - for early collection

Date of Application

Student Name:

DoB:



Class and Teacher

Please outline the reasons for pupils early collection .

How long do you anticipate this arrangement will be required?

What previous support / strategies have been tried:

Does the student have any other intervention input?
(reading, animal therapy, OT, Music therapy etc)

What alternative arrangements have you explored

Consideration of the Leadership Team

Authorised: Yes/No (delete as appropriate)

Reasons:

Date:

Applicant informed: Email / in person

Date

Review Date

Applicant informed: email / in person (delete as appropriate) Date:

Review date: