Section D: School Statement 2027

This form, to be completed by the applicant's school, is ONLY for applicants applying under the Dyslexia (Significant Literacy Difficulties) category, who do not have a full Psychological Assessment Report identifying Dyslexia.

Please complete all sections below in TYPE or BLOCK capitals:

1. Applicant details

Full Name of Applicant

Date of Birth D D / M M / Y Y Y Y

CAO Number

2. School details

School Name

School Address

Roll Number

3. Statement

We the undersigned declare that there is a current Student Support File in place which confirms that the applicant has a record of school-based interventions addressing persistent literacy difficulties.

We the undersigned agree that, to the best of our knowledge, all the information provided on this form is true, correct and complete.

Signature of Applicant

Signature of Parent/Guardian
(if applicant is under the age of 18 on 1 February 2027).

Print name of Special Educational Needs (SEN) Teacher

School stamp

Signature of Special Educational Needs (SEN) Teacher

Print name of Principal/Deputy Principal

Date: D D / M M / Y Y Y Y

Signature of Principal/Deputy Principal