

# Section D:

# School Statement 2024

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

 /  / 

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

Print name of Special Educational Needs (SEN) Teacher

Signature of Special Educational Needs (SEN) Teacher

Print name of Principal/Deputy Principal

Signature of Principal/Deputy Principal

Signature of Parent/Guardian

*(if applicant is under the age of 18 on 1 February 2024)*

School stamp

Date:

 /  /