

PORTADOWN COLLEGE

|  |  |  |
| --- | --- | --- |
| Pupil’s forename |  | |
| Pupil’s surname |  | |
| Date of Birth |  | |
| Home Address |  | |
| Current School |  | |
| Supporting Evidence attached  (If YES, please list) | YES / NO | |
|  | |
|  | |
|  | |
| Parental/Guardian name(s) |  |  |
| Contact number(s) |  |  |
| E-mail address(es) |  |  |
| I verify that the information contained within this form is factually correct.  Parent/Guardian Signature(s) |  |  |

2022 ADMISSIONS – APPLICATION FOR SPECIAL CONSIDERATION (**ASC FORM**)

**All sections must be completed before submission. All requested information must be included on this form and submitted with the appropriate verifying documents for consideration by the Board of Governors Transfer Sub-committee by the deadline as stipulated in the Admissions Criteria (4:00pm on Monday 9 May 2022**).

Section 1

Section 2

Please provide all the necessary details in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| A | B | C | D |
| Reason for special consideration  (any supporting independent evidence to corroborate its existence and its effect on the student’s academic performance eg medical, accredited assessments, including assessments by qualified educational psychologists, should be attached to this form). | Please state which category your application falls under (see table overleaf). | Please provide the specific date or dates on which the pupil was affected by the issue described in the first column. | Please state the date and transfer assessment(s) (i.e. subject(s)) which were sat during the time the pupil was affected by the issue described in the column A\*. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*This must be verified by the pupil’s school - see Section 3 below.

Categories for Special Consideration

|  |  |
| --- | --- |
| SC3 | This is for most exceptional cases and very serious problems, such as:  • terminal illness of a parent/carer;  • death of a member of the immediate family within two months of a transfer examination;  • very serious and disruptive crisis/incident at or near the time of a transfer examination;  • life-threatening illness of pupil or member of immediate family;  • major surgery at or near the time of the examination/severe disease;  • very recent death of member of a close friend or member of the extended family;  • severe or permanent bodily injury occurring at the time of a transfer examination;  • being involved in a serious crisis/incident at the time of a transfer examination;  • recent breakdown of the family unit. |
| SC2 | This category covers:  • recent traumatic experience such as death of a close friend or distant relative;  • recent illness of a more serious nature;  • flare-up of a severe congenital/medical condition or a psychological condition;  • broken limbs; organ disease; physical assault trauma before a transfer examination;  • recent crisis/incident;  • witnessing a distressing event on the day of a transfer examination. |
| SC1 | This category covers:  • illness at the time of the examination which has been verified by a medical practitioner (evidence from a medical practitioner to be attached);  • broken limb on the mend;  • concussion. |

**Please note:**

1. **‘Recent’ is defined as up to four months prior to the examination(s) taking place.**
2. **If Special Consideration is verified, approved and applied by the Board of Governors Transfer Sub-committee, the approved allowance will be applied to the overall transfer mark.**

Section 3 (To be completed by the Principal of the Pupil’s transferring school)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the Pupil’s transferring school applied special consideration\*\* for this pupil in determining the examination marks awarded?  Please tick **one of the boxes below** and complete the appropriate response: | | | | |
| **YES** |  |  | **NO** |  |
|  | |  | | |
| Please state the Special Consideration applied and the nature of the adjustment: | |  | I can verify that the information on the subject examinations, including dates contained in **column D** of this application form is factually correct. | |
| Signed:  (Principal) | |  | Signed:  (Principal) | |
| Date: | |  | Date: | |
| School Stamp: | |  | School Stamp: | |

\*\*Special consideration: i.e. an examination mark or marks contributing to the Transfer Score have been adjusted in light of information provided to the school.

Submission Deadline

The completed form, along with any accompanying evidence, must be forwarded to Portadown College, F.A.O. The Principal by **4:00pm on Monday 9 May 2022**.

Forms can be submitted:

To the Office at Portadown College, Killicomaine Road, Portadown, BT63 5BU

Or

To the College e-mail account: [info@portadown.ni.sch.uk](mailto:info@portadown.ni.sch.uk)