



# SCARIFF COMMUNITY COLLEGE, CO CLARE

## SPECIAL NEEDS/LEARNING SUPPORT INFORMATION SHEET

*Complete this form if your child availed of Learning Support or Resource Hours in primary school*

Name of incoming student: ..... Date of birth: .....

Address: .....

Mother/guardian name: ..... Contact no: .....

Father/guardian name: ..... Contact no: .....

Previous school: .....

Class Teacher: ..... Learning Support Teacher: .....

Describe the nature and hours of support/resource hours your child has received:

.....  
.....

Does your child have a recent educational report? Yes No   
*If 'Yes', please send in a copy as soon as possible*

Is your child exempt from the formal study of Irish/French/German? Yes  No   
*If 'Yes', please send a copy of the exemption certificate as soon as possible*

Any other additional information:

.....  
.....  
.....  
.....

Signed: ..... Date: .....

Print Name: .....