**The following application form should be completed by parents/carers prior to the School issuing a pass. Stocksbridge High School will contact parents/carers to arrange a meeting following an application. Each pass issued will have an expiration date, at which point another meeting will review whether to re-issue a pass.**

# Reasonable Adjustment Application

**Name:**

**Pass you are applying for:**

**Time out Toilet Uniform Exemption**

**To be completed by parent/carer:**

Please detail why you believe a pass is necessary for your child……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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**Medical evidence attachment**

**Signed: ……………………………………………………… Student**

**Signed: ……………………………………………………… Parent/Guardian/Appropriate adult**

**\*Please pass this completed form to your form tutor.**