



## Alwyn Infant and Courthouse Junior School - Uniform Adaptation Request Form

### Student Information:

- **Student Name:** \_\_\_\_\_
- **Year Group/Class:** \_\_\_\_\_
- **Parent/Guardian Name:** \_\_\_\_\_
- **Contact Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

### Reason for Adaptation Request:

- **Medical Condition:** ☐ Yes ☐ No
  - If yes, please provide details and attach any relevant medical documentation:

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- **Religious/Cultural Requirement:** ☐ Yes ☐ No
  - If yes, please provide details:

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- **Other (Please specify):** ☐ Yes ☐ No
  - If yes, please provide details:

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### Requested Adaptation:

- **Description of the Adaptation Needed:**

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- **Duration of the Adaptation:**
  - ☐ Temporary (Please specify duration): \_\_\_\_\_
  - ☐ Permanent



**Supporting Information:**

- Please provide any additional information that may support your request:

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**Parent/Guardian Signature:**

- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**For School Use Only:**

- **Received By:** \_\_\_\_\_
- **Date Received:** \_\_\_\_\_
- **Reviewed By:** \_\_\_\_\_
- **Decision:** ☐ Approved ☐ Denied
- **Comments:**

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**Head of School Signature:**

- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_