



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:

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

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

Requested Adaptation:

- **Description of the Adaptation Needed:**

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

Supporting Information:

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



Parent/Guardian Signature:

- **Signature:** _____
- **Date:** _____

For School Use Only:

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

Head of School Signature:

- **Signature:** _____
- **Date:** _____