



MALTA

**STATEMENTING MODERATING PANEL**

STUDENT SERVICES DEPARTMENT  
FRA GAETANO PACE FORNO STREET  
HAMRUN HMR 1100  
TEL/FAX No. 21341130

**APPLICATION BY PARENTS**

Sir/Madam,

I, \_\_\_\_\_ the undersigned, with

Id.Card No. \_\_\_\_\_ and residing at the following address:

\_\_\_\_\_  
\_\_\_\_\_

Tel.No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Would like my son/daughter \_\_\_\_\_

Date of Birth: \_\_\_\_\_ and who attends the following School:

\_\_\_\_\_ and is in Yr./Form \_\_\_\_\_

to be statemented to receive support service at school according to the Inclusive Education Policy.

I hereby authorize the Statementing Moderating Panel to request any reports from school, from the C.D.A.U. or from any other professional or agency, as necessary. I also authorize these professionals to submit the necessary reports to the Statementing Moderating Panel.

Signatures:

Mother: \_\_\_\_\_ Id. Card No. \_\_\_\_\_

Father: \_\_\_\_\_ Id. Card No. \_\_\_\_\_

Kindly specify whether: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Legally Separated: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:**

**If the parents are already in possession of the necessary medical and educational reports, they are kindly requested to attach a copy with this application.**