



16 Bunya Street Maleny 4552  
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## ***PARENTAL REQUEST FOR STUDENT PLACEMENT NEW SCHOOL YEAR 2026***

This form is to be used by parents to indicate educational reasons for a placement type request for their child.

**STUDENT'S NAME:** \_\_\_\_\_

**CURRENT ROLL CLASS:** \_\_\_\_\_

**Type of Placement Requested (Specific Teachers are not to be requested):**

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

**Educational Reasons for this placement:**

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

**Other Relevant Information:**

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

Parent's Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_

This form is to be submitted to the office by **22 October 2025**

OFFICE USE ONLY	
<b>Special Needs Committee Notes Only</b>	Date:
Chairperson .....	