End of Primary Benchmark 2017

New Procedures
for
Access Arrangements and Exemptions
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Rationale

As from this school year the Educational Assessment Unit (EAU), in collaboration with the state Specific Learning Difficulties Service (SpLD) and the School Psychological Service (SPS), and the Psychological Service within the Secretariat for Catholic Education and the Dyslexia Specialist within the Secretariat for Catholic Education, is adopting a new procedure for the provision of Access Arrangements and Exemptions for the End of Primary Benchmark. This change is being implemented so as to ensure that access arrangements and exemptions are acknowledged as an integral part of the learning process.
Map of New Procedures to follow when applying for Access Arrangements and Exemptions for the End of Primary Benchmark 2017

Section A:
- Reader for Mathematics
- Multiplication Tables
- Electronic Reader for Maltese and/or English Reading with Understanding
- Scribe for Maltese and/or English Writing
- Enlarged Print for Visually Impaired Children
- Communicator for Hearing Impaired Children

Fill in Access Arrangements in Place e-template, only if:
- Documentation is available and valid (report conducted from July 2015 or later)
- School has already requested an assessment/review/referral/update from Dyslexia or SPS Units.
- Parents provide proof of an imminent private report to be presented to the school by end of March 2017.


Complete Application Form A (p.7) for new cases (students never diagnosed so report/s are not available)

Section B:
Exemptions: Students with Learning Difficulties

Fill in Exemptions in Place e-template, if:
- Student functions at/or below Year 3 Primary standard (therefore currently on Checklist 1 or 2)
- Student is following an alternative learning programme


Complete Application Form B (p.13) for new cases only

Section C:
Exemptions: Immigrants

Complete Application Form C (p.20)
Section A: Requests for

- Reader for Mathematics
- Multiplication Tables
- Electronic Reader for Maltese and/or English Reading with Understanding
- Scribe for Maltese and/or English Writing
- Enlarged Print for Visually Impaired Children
- Communicator for Hearing Impaired Children

1. Completing the Access Arrangements in Place e-template.

Heads of School are to complete an Access Arrangements in Place e-Template, accessed at http://curriculum.gov.mt/en/Benchmark/General-Information/Documents/bm_2017_acc_arrang_template.xlsx for Year 6 students classified in one of the following five categories:

a) Students who have already been assessed by SpLD or SPS, or the Psychology Service within the Secretariat for Catholic Education and the Dyslexia Specialist within the Secretariat for Catholic Education or any other professional entity and have a relevant report/s (conducted in July 2015 or later) identifying a learning difficulty and a recommended access arrangement/s specified above is/are regularly provided in the everyday learning process.

The Reader provision is to be given only to those students who scored below the 8-year reading level on a recognised standardised reading test (see table below) carried out in July 2015 or later.

<table>
<thead>
<tr>
<th>For English Reader:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scores below 8 in a Single Word Reading Test, example Graded Word Reading Test (GWRT) or British Ability Scales (BAS).</td>
</tr>
<tr>
<td>If score is 8 years or above, also refer to score attained on the Neale Analysis of Reading Ability (NARA) Accuracy test or the York Assessment Reading Comprehensions (YARC).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For Maltese Reader:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scores below 8 in the Bartolo Maltese Word Reading Test (BMWT)</td>
</tr>
<tr>
<td>If score is 8 years or above, also refer to score attained on the Naqra and Nifhem (Level 1) test</td>
</tr>
</tbody>
</table>

b) Students who have been referred to the SpLD or SPS, or the Psychology Service within the Secretariat for Catholic Education and the Dyslexia Specialist within the Secretariat for Catholic Education before 1st January 2017 for an assessment in connection with the above access arrangements even though they have not yet been assessed, or who require an update or a review.

c) Students with a hearing impairment and who already have regular assistance from a Teacher of the Hearing Impaired or a Learning Support Assistant. These students will be given the services of a Communicator for all components in Maltese, English and Mathematics.
d) Students who have an ophthalmic report by a professional stating the need for enlarged print and are already given this provision in assessments and in their regular learning process.

e) Students whose parents have informed the school that they will be having the relevant documentation privately drawn and presented to the school by end of March 2017.

Heads of School are asked to complete the Excel template by providing all the information being requested. Additionally, Heads of School are to inform EAU when assessments, reviews and/or updates are made for these identified students.

Once completed, the template is to be sent by email with subject title: **BM 2017 – Access Arrangements e-Template** to Ms Carmen Muscat at benchmark@ilearn.edu.mt and cc Ms Marina Quattromani at marina.quattromani@ilearn.edu.mt by **Friday 27th January 2017**.

2. **Completing Application Form A for new cases only**

In the new procedure, applications by Heads of School for the access arrangements for the End of Primary Benchmark are **ONLY** to be submitted for **new cases** who have never been diagnosed with a learning difficulty and so have no report/s drawn up by professionals in the field.

**Application Form A**, together with guidelines for its completion, a consent form and the relevant declaration, are available on pages 7 to 11.

All new requests, duly entered on Application Form A, are to be submitted by **Friday 27th January 2017** and addressed to:

Ms M. Quattromani, Support Teacher  
Educational Assessment Unit  
c/o San Ġorġ Preca College  
Joseph Abela Scolaro Street  
Ħamrun

The new cases as per No. 2 above should not be included in the Access Arrangements in Place e-Template.

**Points to be noted:**

- Heads of School are to note that the Readers for Mathematics will have to be provided by the school. In the case of the Reading with Understanding (in both Maltese and English), a recorded text on a USB stick will be provided by the EAU but the school needs to provide the personnel to operate the equipment and invigilate the students.

- **Heads of School** are to ensure that parents are informed that the students, who have the **Electronic Readers** for the language Reading with Understanding, will have their result endorsed as such.
EDUCATIONAL ASSESSMENT UNIT

Form A

Application Form for NEW CASES (never diagnosed) to Request:

- A READER FOR MATHEMATICS
- MULTIPLICATION TABLES
- AN ELECTRONIC READER FOR MALTESE AND/OR ENGLISH READING WITH UNDERSTANDING
- A SCRIBE FOR MALTESE AND/OR ENGLISH WRITING
- AN ENLARGED PRINT FOR VISUALLY IMPAIRED CHILDREN
- A COMMUNICATOR FOR HEARING IMPAIRED CHILDREN

Examination for which application is made: End of Primary Benchmark 2017

<table>
<thead>
<tr>
<th>Examining Authority</th>
<th>Session</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Assessment Unit</td>
<td>June 2017</td>
<td>Year 6</td>
</tr>
</tbody>
</table>

Please refer to the guidelines before filling in this application form.

(Please fill this application in Blue Ink.)

Student’s Name ………………………Student’s Surname ………………….. (Use block letters)
ID Card No. ………………………
Date of birth ……………………… Male ☐ Female ☐ [Tick ✓ as applicable]
Address ……………………………………………………………………
Date of admission into Primary schooling in Malta/Gozo ……………………………
Name of parent/guardian ……………………………………………………………
Mobile No. ……………………… Home Tel. No. ………………………
College……………………………………………………………………
School………………………………………… Tel. No. ……………………

REQUEST FOR: [Tick ✓ as applicable]

| Reader for Mathematics | |
| Multiplication Tables | |
| Electronic Reader for Maltese Reading | |
| Electronic Reader for English Reading | |
| Scribe for Maltese Writing | |
| Scribe for English Writing | |
| Enlarged Print for Visually Impaired Children | |
| Communicator for Hearing Impaired Children | |
REASON FOR REQUEST:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

DECLARATION (to be signed by the Head of School)

I confirm that the information provided on this form is accurate.

AND

I confirm that I have notified the parent/s or guardian/s that the student, having the Electronic Reader/s for the language Reading with Understanding, will have the result endorsed as such.

Name (Head of School) ………………………………………………….
(in block letters)

Signature …………………………..         Date …………………………

School Stamp

For office use only

Remarks _________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________
STATEMENT OF CONSENT

I hereby give my consent to the Directorate for Quality and Standards in Education (DQSE) to process and record personal and sensitive data herewith attached in order to be able to render me or any member of my family the service I am applying for.

I fully understand that:

☑ by opting out, my application cannot be processed.

☑ authorised personnel who are processing this information may have access to this data in order to supply me or any member of my family with the service being applied for.

☑ edited information that would not identify me or any member of my family may be included in statistical reports.

I know that I am entitled to see the information related to me or any member of my family, should I ask for it in writing.

I am aware that, for the purpose of the Data Protection Act, the Data Controller is:
The Director, Curriculum Management, DQSE, Floriana. (e-mail: dcm@gov.mt)

NAME OF STUDENT: __________________________ DATE: _____________

I have read and understood this statement of consent myself. ☐

This statement of consent was read and explained to me. ☐

(Tick ✓ as applicable)

<table>
<thead>
<tr>
<th>DATA SUBJECT</th>
<th>READER (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME of Parent/Guardian (in block letters)</td>
<td>NAME of Reader (in block letters)</td>
</tr>
<tr>
<td>MOTHER☐ FATHER☐ GUARDIAN☐</td>
<td>PROFESSION / GRADE</td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>ID CARD no.</td>
<td>ID CARD no.</td>
</tr>
</tbody>
</table>

Directorate for Quality and Standards in Education – Ministry for Education and Employment
DIJKARAZZJONI TA’ KUNSENS

Jiena nagħti l-kunsens tieghi lid-Direttorat għal Kwalità u Standards fl-Edukazzjoni biex jipproċessa u jżomm taħt il-harsien tieghu l-informazzjoni personali u sensittiva li hawn f’din l-applikazzjoni biex ikun jista’ jagħti lili jew lil xi membru tal-familja tieghi s-servizz li qed nitlob.

Jiena nifhem li:

- jekk ma naghtix din l-informazzjoni, l-applikazzjoni tieghi ma tistax tiġi pproċessata.
- sabiex jiena jew xi membru tal-familja tieghi ninghata/jinghata s-servizz mitlub, persuni awtorizzati jistgħu jkollhom aċċess għal din l-informazzjoni personali u sensittiva.
- ċerti dettalji li bl-ebda mod ma jikxfu l-identità tieghi jew ta’ xi membru tal-familja tieghi jistgħu jiġu pproċessati għal skopijiet ta’ statistika.

Jiena naf li, jekk nagħmel talba bil-miktub, għandi d-dritt li nkun naf x’informazzjoni qiegħed izomm id-Direttor għal Kwalità u Standards fl-Edukazzjoni dwari jew dwar xi membru tal-familja tieghi.

Jiena konxju/a li, għall-fini tal-Att Dwar il-Protezzjoni u l-Privatezza tad-Data, il-kontrollur ta’ data personali huwa:

Id-Direttur tat-Tmexxija tal-Kurrikulu
Id-Direttor għal Kwalità u Standards fl-Edukazzjoni, Floriana.
(L-Indirizz elettroniku: dcm@gov.mt)

ISEM L-ISTUDENT/A: _____________________ ________ DATA: _____________

Jiena nikkonferma li din id-dikjarazzjoni qrajtha jiena stess u fhimt kollox. 

Din id-dikjarazzjoni nqrat lili u jiena fhimt kollox. 

(Immarka ✓ fejn suppost)

<table>
<thead>
<tr>
<th>MIN QIEGHED JAGHMEL DIN ID-DIJKARAZZJONI</th>
<th>IL-QARREJ/JA (jekk inhu l-każ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISEM il-Ġenitur / Kustodju (b’ittri kbar)</td>
<td>ISEM il-Qarrej/ja (b’ittri kbar)</td>
</tr>
<tr>
<td>OMM ☐ MISSIER ☐ KUSTODJU ☐ PROFESSJONI / GRAD</td>
<td></td>
</tr>
<tr>
<td>(Immarka ✓ fejn suppost)</td>
<td></td>
</tr>
<tr>
<td>FIRMA</td>
<td>FIRMA</td>
</tr>
<tr>
<td>Numru tal-Karta tal-Identità</td>
<td>Numru tal-Karta tal-Identità</td>
</tr>
</tbody>
</table>

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**Guidelines on how to complete**

Application Form A for Request

a) All the information on this application form should be entered by the school administration ONLY.

b) When applying for a SCRIBE, schools are requested to send photocopies of the applicant’s Year 5 Annual examination writing tasks (Half Yearly in case of absenteeism) of Maltese and/or English, depending for which written component the application is being made.

c) Complete the details of the ‘DECLARATION’. In order to be accepted by the Educational Assessment Unit, the application must be endorsed by the Head of School. It is the responsibility of the Head of School to make the request and to supply the information required on the form.

d) It is important that the STATEMENT OF CONSENT is duly completed in English or in Maltese.

e) **The original form together with another copy** of this application should be sent to the Educational Assessment Unit. **EACH** application form (original and copy).

f) Schools should keep a copy of this application and documents for their perusal.

g) In case of difficulty, please contact the Educational Assessment Unit on 25982186/25982173
Section B: Exemptions (Students with Learning Difficulties)

1. Completing the Exemptions in Place e-template.

Whilst Heads of School are requested to keep exemptions from the End of Primary Benchmark assessments to a minimum, schools may exempt a student from these assessments or from a particular component **without submitting an application** if:

- The student functions at, or below, Year 3 Primary standard (on Checklist 1 and 2);
- The student is following an alternative learning programme.

For these students, a school-based assessment is recommended.

Heads of School are requested to notify the Educational Assessment Unit about students who will be exempted by completing the **Exemptions in Place e-Template**, accessed at:


and email it, with subject title: **BM 2017 – Exemption (Learning Difficulties) e-Template**, to Ms Carmen Muscat at benchmark@ilearn.edu.mt and cc Ms Marina Quattromani at marina.quattromani@ilearn.edu.mt by Friday 27th January 2017.

Heads of School are requested to identify on the template the reason for which the student is being exempted. Parents’ consent for exemptions should be sought by the school and the impact this may have on the child’s future educational path clearly explained.

2. Completing Application Form B for new cases only

For **new cases**, Heads of School may opt to apply for a Request for Exemption. The application form (**Form B**) with guidelines for its completion, a consent form and declaration are available on pages 13 to 18.

All new cases for exemptions, duly entered on Application Form B, should be addressed to:

**Ms M. Quattromani, Support Teacher**

**Educational Assessment Unit**

c/o San Ġorġ Preca College

**Joseph Abela Scolaro Street**

Ħamrun

Application forms are to reach the Educational Assessment Unit by **Friday 27th January 2017**.

**These new cases should not be included in the e-Template mentioned in Point 1 above.**
Form B
Application Form for Exemption – NEW CASES
(Students with Learning Difficulties)

Examination for which application is made: End of Primary Benchmark

<table>
<thead>
<tr>
<th>Examine Authority</th>
<th>Session</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Assessment Unit</td>
<td>June 2017</td>
<td>Year 6</td>
</tr>
</tbody>
</table>

Please refer to the guidelines before filling in this application form.
(Please fill this application in Blue Ink.)

Student’s Name……………………… Student’s Surname……………………… (Use block letters)

ID Card No. …………………………

Date of birth ………………………… [Male ☐ Female ☐] (Tick ✓ as applicable)

Address ………………………………………………………………………………………………………………………………

Date of admission into Primary Schooling in Malta/Gozo …………………………

Name of parent/guardian ……………………………………………………………………………………………………………

Mobile No. ………………………… Home Tel. No. ………………………………………

College…………………………………………………………………………………………………………………………..

School………………………………………………………… Tel. No. ………………………………………

---

REASON FOR EXEMPTION – Learning Difficulties

[Tick ✓ as applicable]

☐ Student functioning at Year 4 or 5 Primary standard and not following an alternative learning programme. Give details.

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

☐ Other reasons. (Please specify).

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________
An exemption is being requested for the following component/s:  [Tick ✓ as applicable]

**Maltese**
- [ ] The SPEAKING component
- [ ] The LISTENING COMPREHENSION component
- [ ] The READING COMPREHENSION component
- [ ] The WRITING component

**English**
- [ ] The SPEAKING component
- [ ] The LISTENING COMPREHENSION component
- [ ] The READING COMPREHENSION component
- [ ] The WRITING component

**Mathematics**
- [ ] MENTAL (Aural)
- [ ] WRITTEN
DECLARATION (to be signed by the Head of School)

I confirm that the information provided on this form is accurate.

Name (Head of School) ………………………………………………………………
(in block letters)

Signature ……………………………..         Date ………………………………..

School Stamp

For office use only

Remarks

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
STATEMENT OF CONSENT

I hereby give my consent to the Directorate for Quality and Standards in Education (DQSE) to process and record personal and sensitive data herewith attached in order to be able to render me or any member of my family the service I am applying for.

I fully understand that:

- by opting out, my application cannot be processed.
- authorised personnel who are processing this information may have access to this data in order to supply me or any member of my family with the service being applied for.
- edited information that would not identify me or any member of my family may be included in statistical reports.

I know that I am entitled to see the information related to me or any member of my family, should I ask for it in writing.

I am aware that, for the purpose of the Data Protection Act, the Data Controller is:
The Director, Curriculum Management, DQSE, Floriana. (e-mail: dcm@gov.mt)

NAME OF STUDENT: ___________________________ DATE: _____________

I have read and understood this statement of consent myself. ☐

This statement of consent was read and explained to me. ☐

(Tick ✓ as applicable)

<table>
<thead>
<tr>
<th>DATA SUBJECT</th>
<th>READER (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME of Parent /Guardian (in block letters)</td>
<td>NAME of Reader (in block letters)</td>
</tr>
<tr>
<td>MOTHER ☐ FATHER ☐ GUARDIAN ☐</td>
<td>PROFESSION / GRADE</td>
</tr>
<tr>
<td>(Tick ✓ as applicable)</td>
<td></td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>ID CARD no.</td>
<td>ID CARD no.</td>
</tr>
</tbody>
</table>
DIJKARAZZJONI TA’ KUNSENS

Jiena naghti l-kunsens tieghi lid-Direttorat ghal Kwalità u Standards fl-Edukazzjoni biex jiprocessa u jżomm taht il-harsien tieghu l-informazzjoni personali u sensittiva li hawn f’din l-applikazzjoni biex ikun jista’ jaghti lili jew lil xi membru tal-familja tieghi s-servizz li qed nitlob.

Jiena nifhem li:

- jekk ma naghtix din l-informazzjoni, l-applikazzjoni tieghi ma tistax tigi pproċessata.
- sabiex jiena jew xi membru tal-familja tieghi jinghata s-servizz mitlub, persuni awtorizzati jistgħu jkollhom aċess ghal din l-informazzjoni personali u sensittiva.
- ċerti dettalji li bl-ebda mod ma jikxfu l-identità tieghi jew ta’ xi membru tal-familja tieghi jistgħu jigu pproċessati għal skopijiet ta’ statistika.

Jiena naf li, jekk nagħmel talba bil-miktub, ghandi d-dritt li nkun naf x’informazzjoni qieghed iżomm id-Direttorat ghal Kwalità u Standards fl-Edukazzjoni dwar jew dwar xi membru tal-familja tiegh.

Jiena konxju/a li, għall-fini tal-Att Dwar il-Protezzjoni u l-Privatezza tad-Data, il-kontrollur ta’ data personali huwa:

Id-Direttur tat-Tmexxija tal-Kurrikulu
Id-Direttorat ghal Kwalità u Standards fl-Edukazzjoni, Floriana.

(L-Indirizz elettroniku: dcm@gov.mt)

ISEM L-ISTUDENT/A: _________________________ __________ DATA: _____________

Jiena nikkonferma li din id-dikjarazzjoni qrajtha jiena stess u fhimt kollox.

(Immarka  fejn suppost)

<table>
<thead>
<tr>
<th>MIN QIEGĦED JAGĦMEL DIN ID-DIJKARAZZJONI</th>
<th>IL-QARREJ/JA (jekk inhu l-każ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISEM il-Ġenitur / Kustodju (b’ittri kbar)</td>
<td>ISEM il-Qarrej/ja (b’ittri kbar)</td>
</tr>
<tr>
<td>OMM □ MISSIER □ KUSTODJU □</td>
<td>PROFESSJONI / GRAD</td>
</tr>
<tr>
<td>(Immarka  fejn suppost)</td>
<td></td>
</tr>
<tr>
<td>FIRMA</td>
<td>FIRMA</td>
</tr>
</tbody>
</table>

Numru tal-Karta tal-Identità
Numru tal-Karta tal-Identità

Id-Direttorat ghal Kwalità u Standards fl-Edukazzjoni – Ministeru ghall-Edukazzjoni u x-Xoghol
Guidelines on how to complete
Application Form B for Exemption
(Students with Learning Difficulties)

a) All the information on this application form should be entered by the school administration ONLY.

b) Complete the details of the ‘DECLARATION’. In order to be accepted by the Educational Assessment Unit, the application must be endorsed by the Head of School. It is the responsibility of the Head of School to request the Exemption/s and to supply the information required on the form.

c) It is important that the STATEMENT OF CONSENT is duly completed in English or in Maltese.

d) The original form together with another copy of this application should be sent to the Educational Assessment Unit.

e) Schools should keep a copy of this application for their perusal.

f) In case of difficulty, please contact the Educational Assessment Unit on 25982186/25982173.
Section C: Exemptions (Immigrants)

1. For cases of immigrant students, Heads of School are to apply on Application Form C. The application form, together with guidelines for its completion, a consent form and the relevant declaration, is available on pages 20 to 24.

2. Heads of school may ONLY apply for an exemption from a subject if the student has not followed the subject curriculum during the last two scholastic years of Primary school in Malta or Gozo.

3. This request needs to be supported by an authenticated copy of the official Letter of Admission to School or other relevant documentation necessary for this exemption. Otherwise the application will not be accepted.

4. All requests, duly entered on Application Form C, should be addressed to:
   
   Mr N. Bezzina, Support Teacher
   Educational Assessment Unit
   c/o San Ġorġ Preca College
   Triq Joseph Abela Scolaro
   Ħamrun

   Application forms (NOT in duplicate) are to reach the Educational Assessment Unit by Friday 27th January 2017.

5. In all cases the decision of the Reviewing Board for Requests for Exemption is final.
EDUCATIONAL ASSESSMENT UNIT

Form C: APPLICATION FORM FOR EXEMPTION
(Immigrants)

Examination for which application is made: End of Primary Benchmark 2017

<table>
<thead>
<tr>
<th>Examing Authority</th>
<th>Session</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Assessment Unit</td>
<td>June 2017</td>
<td>Year 6</td>
</tr>
</tbody>
</table>

Please refer to the guidelines before filling in this application form

Student’s Name……………………… Surname………………………………(Use block letters)
ID Card/Passport No. …………………
Date of birth ………………… Male □ Female □ [Tick ✓ where applicable]
Date of admission into Primary schooling in Malta/Gozo ……………………………
Address …………………………………………………………………………………
Name of parent/guardian …………………………………………………………………
Mobile No. ………………………… Home Tel. No. ……………………………
College…………………………………………………………………………………
School………………………………………… Tel. No. ………………………
School email address……………………………………………………………………

Exemptions from English and/ or Maltese

[Tick ✓ as applicable]

□ All components □ Maltese □ English

Or the following components:

□ The SPEAKING component □ Maltese □ English

□ The LISTENING COMPREHENSION component □ Maltese □ English

□ The READING COMPREHENSION component □ Maltese □ English

□ The WRITING component □ Maltese □ English
It is the responsibility of the Head of School:

- To attach a copy of the **Letter of Admission to School of a Foreign Pupil/Student** and/or **any other relevant documentation** to the completed form.
- To verify all evidence correct by endorsing the document/s attached.
- To state clearly (on first page of this application) the exact date when the student started primary schooling in Malta or Gozo.

### DECLARATION (to be signed by the Head of School)

I confirm that the information provided on this form is accurate.

Name (Head of School) ………………………………………………

*(in block letters)*

Signed ……………………………..         Date …………………………

School Stamp

---

### For office use only

Received on ______________                        Acknowledged on ___________

Missing Documents

_____________________________________________________________________

Remarks

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Page 21 of 24
STATEMENT OF CONSENT

I hereby give my consent to the Directorate for Quality and Standards in Education (DQSE) to process and record personal and sensitive data herewith attached in order to be able to render me or any member of my family the service I am applying for.

I fully understand that:

☑ by opting out, my application cannot be processed.

☑ authorised personnel who are processing this information may have access to this data in order to supply me or any member of my family with the service being applied for.

☑ edited information that would not identify me or any member of my family may be included in statistical reports.

I know that I am entitled to see the information related to me or any member of my family, should I ask for it in writing.

I am aware that, for the purpose of the Data Protection Act, the Data Controller is:
The Director, Curriculum Management, DQSE, Floriana. (e-mail: dcm@gov.mt)

NAME OF STUDENT: __________________________    DATE: _____________

I have read and understood this statement of consent myself. ☐

This statement of consent was read and explained to me. ☐

(Tick ✓ as applicable)

<table>
<thead>
<tr>
<th>DATA SUBJECT</th>
<th>READER (if applicable)</th>
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</thead>
<tbody>
<tr>
<td>NAME of Parent /Guardian</td>
<td>NAME of Reader</td>
</tr>
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<td>(in block letters)</td>
<td>(in block letters)</td>
</tr>
</tbody>
</table>

| MOTHER □  FATHER □  GUARDIAN □ | PROFESSION / GRADE |
| (Tick ✓ as applicable)         |                    |

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<td>ID CARD no.</td>
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Directorate for Quality and Standards in Education – Ministry for Education and Employment
DIJKARAZZJONI TA’ KUNSENS

Jiena naghti l-kunsens tiegħi lid-Direttorat għal Kwalità u Standards fl-Edukazzjoni biex jipproċessa u jżomm taht il-harsien tiegħu l-informazzjoni personali u sensittiva li hawn f’din l-aplikazzjoni biex ikun jista’ jaghtti lili jew lil xi membru tal-familja tiegħi s-servizz li qed nitllob.

Jiena nifhem li:

   ❑ jekk ma nagħtix din l-informazzjoni, l-aplikazzjoni tiegħi ma tistax tiġi pproċessata.
   ❑ sabiex jiena jew xi membru tal-familja tiegħi jingħata s-servizz mitlub, persuni awtorizzati jistgħu jkollhom aċċess għal din l-informazzjoni personali u sensittiva.
   ❑ ċerti dettalji li bl-ebda mod ma jikxfu l-identità tiegħi jew ta’ xi membru tal-familja tiegħi jistgħu jigu pproċessati għal skopijiet ta’ statistika.

Jiena naf li, jekk nagħmel talba bil-miktub, ghandi d-dritt li nkun naf x’informazzjoni qieghed izomm id-Direttorat għal Kwalità u Standards fl-Edukazzjoni dwari jew dwar xi membru tal-familja tiegħi.

Jiena konxju/a li, ghall-fini tal-Att Dwar il-Protezzjoni u 1-Privatezza tad-Data, il-kontrollur ta’ data personali huwa:
Id-Direttur tat-Tmexxija tal-Kurrikulu
Id-Direttorat għal Kwalità u Standards fl-Edukazzjoni, Floriana.
(L-indirizz elettroniku: dcm@gov.mt)

ISEM L-ISTUDENT/A: __________________________ DATA: ____________

Jiena nikkonferma li din id-dikjarazzjoni qrajtha jiena stess u fhimt kollox. ☐

Din id-dikjarazzjoni nqrat lili u jiena fhimt kollox. ☐

(Immarka ✅ fejn suppost)

<table>
<thead>
<tr>
<th>MIN QIEGHED JAGHMEL DIN ID-DIJKARAZZJONI</th>
<th>IL-QARREJ/JA (jekk inhu l-każ)</th>
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<tr>
<td>ISEM il-Ġenitur / Kustodju (b’ittri kbar)</td>
<td>ISEM il-Qarrej/ja (b’ittri kbar)</td>
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<tr>
<td>OMM ☐ MISSIER ☐ KUSTODJU ☐</td>
<td>PROFESSJONI / GRAD</td>
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</tr>
<tr>
<td>Numru tal-Karta tal-Identità</td>
<td>Numru tal-Karta tal-Identità</td>
</tr>
</tbody>
</table>
**Guidelines on how to complete Application Form C**

a) All the information on this application form should be entered by the school administration ONLY.

b) Ensure that the correct application form (Application Form C) is completed and sent to the Educational Assessment Unit.

c) The date of admission into Primary schooling in Malta/Gozo (see page 20) should be correctly entered by the school administration. Otherwise, the application will not be accepted.

d) This application form should NOT be sent in duplicate. The original application form is required by the Educational Assessment Unit. Remember to keep a copy of whatever you send to the Educational Assessment Unit.

e) Complete the details of the ‘DECLARATION’. It is the responsibility of the Head of School to request the Exemption/s and to supply the information required on the form. In order to be accepted by the Educational Assessment Unit, the application and all relevant documentation must be endorsed by the Head of School.

f) It is important that the STATEMENT OF CONSENT is duly completed in English or in Maltese.

g) Schools should NOT apply if a student does not qualify for an exemption (see Point 2 on page 19).