# Ayati Center Letter Request Form

1. Date of request: dd/mm/yyyy
2. Latest date the letter is required: dd/mm/yyyy
3. Client's registration number:
4. Date the Client completed medical assessment at the Medical Unit. Please check the file to confirm/ the date the assessment was conducted: dd/mm/yyyy
5. Date the Client completed a literacy assessment at the Learning Unit. Please check the file to confirm/ the date the assessment was conducted: dd/mm/yyyy
6. Write the Name of the child as required to reflect in the letter:
7. Date of Birth: dd/mm/yyyy
8. Home address:
9. Telephone number for SMS and queries:
10. Name of the person requesting the letter:
11. Signature of the person requesting the letter:
12. Your Relationship to the Client in 3. above:
    - Mother: □ Father: □ Legal Guardian
13. Type of letter Requested please tick as applicable:
    - Preschool accommodation- Complete section 02
    - Grade 1 Entrance Letter-Complete Section 01 and 02
    - Academic/exam related letter – Complete Sections 01and 02
    - Shadow teacher Support letter – Complete Sections 01 and 02
    - Letter requesting a school visit – Complete Sections 01 and 02
    - Leave letter- Complete Section 02
    - Transfer Letter- Complete section 02
    - Medical reports/ Diagnostic Cards- Complete Section 02
    - Disability allowance letter – Complete section 02 and 03

14. **Section 01-** (Only applicable if you are requesting an academic related/ exam related letter.)

    a. Accommodation letter

        Please tick

        - ☐ Grade: 1 2 3 4 5 6 7 8 9 10
        - ☐ Scholarship exam
        - ☐ O/L exam accommodation letter
        - ☐ A/L exam accommodation letter

15. **Section 02-**

    Please provide the Details of the receiver of the letter

    a. Name:
    b. Designation:
    c. Institution or School
    d. class:
    e. Address of the Institution or School:
    f. Medium of the letter is required:
       English: □ Sinhala: □
    g. Format of the letter that you need
       Hard copy: □
       Soft copy: □ *If you need a soft copy of the letter, please provide the correct parental email address*……@…….

16. **Section 03**-

    Financial Status: (Applicable only for the disability allowances request letters)

    a. Number of children in the family: …….

    b. Number of children who are schooling……

    c. Number of other family members staying with you ……

    d. Monthly income approx. SLRS XXX, XXX/-

I parent/guardian ……. Declare that I understand the above and have provided the information in full to process this request.

Signature of Parent/Guardian …….  Date …..…….

For official use only:

| Form No: 250001 | Date | Checked by | Completed Date | Completed by | Remarks |
|---|---|---|---|---|---|
| Check and accept Form tick 1-16 | | | | | |
| Process of Form | | | | | |
| Signing Completed | | | | | |
| QC and call/sms | | | | | |