

Appendix 2

Request to start school out of chronological year group Application form

To be completed by parents/carers requesting their child starts school in the Reception class, a full year after their chronological age peers.

Note: If you wish your child to attend school part-time until they reach compulsory school age or start school later in the academic year, you should discuss your request with the school. You do not need to complete this form.

CHILD DETAILS

Full Name: _____

Date of Birth: _____ Gender: Male/Female

Address: _____

Postcode: _____ Telephone number: _____

FAMILY/CARER DETAILS

Parents/Carer's Names: _____

Address (if different from above): _____

Email: _____

Please describe why you feel a deferment out of chronological year group would support the needs of your child:

Please attach any supporting evidence from relevant professionals e.g. an early years professional, health care professional, educational psychologist or educational professional that you wish the Admissions Committee to consider.

Outline the additional evidence provided by the relevant professional/s to support the application: