## ADMISSION OUTSIDE OF CHRONOLOGICAL YEAR GROUP REQUEST FORM



(All year groups excluding Year R Summer born)

## **IMPORTANT INFORMATION**

Parent/Carer(s) may request for a child to be admitted outside of their normal year group. Please note it will be the decision of the admission authority as to whether your application for admission outside of your child's normal age group will be agreed.

	<u>hild'</u> nam		tails	<u>s</u>																				
Firs	t na	me:	I	I	I			1	1	1			I					I	I	I		1		
Mic	ldle	nam	e (s)	):	ı	1			1				I	ı				ı	ı	ı				
М	ale				]													Chi	ld's	date	of k	oirth		
Female																								
	ise n						irst l	ine	of ac	ddre	ess:											<b>T</b>		ı
Are	a:	1	ı	1	1	1			1	1			1	T				1	1	1		1	1	ı
Tow	n:	1	1	1	1	1			1				7											
Pos	tcod	e:											_											
Is tl Eng	<u>hildr</u> ne ch land	nild l ?	ook	ed a	fter,	/in c	are (	of/p	revio	ously											YE	S / N	10	
	he cl side				after	/in (	care	of/p	orevi	ious	ly lo	oke	d af	ter/	prev	/ious	sly ii	n ca	re o	f a l		auth <b>S / N</b>		y
If y	es, p	leas	e sta	ite w	vhich	n Loc	al A	utho	ority	/Cou	untr	y:												

**4: Special Educational Needs** 

Does your child have special educational needs? YES / NO

Does your child have an education health care plan? YES / NO

<u>5: Pa</u>	<u>aren</u>	ťs/	Care	r's c	teta	iiis:																
Title	e:																					
	<u> </u>		<u> </u>																			
Firs	t Na	me:	· · · · ·			I	ı		1	1		1	1	ı	ı	1	1	1	1			1
_																						
Suri	nam	e:																				Τ
عامR	tion	schii	to C	hild	· (N	/loth	or/E	Eath	or/S	ton_	Dar	ant/	∩th/	ar)								
IXCIC					. (14				<u> </u>	lep												T
Tele	pho	ne r	numb	er:																		
	1		1										ı	1			ı	1				<u> </u>
Ema	il ac	ddre	ss:			ı	1						1	1	1		1	1				1
If YI		/hic	n sch	ools	hav	ve yo	ou s	elec	ted?	•										7		
Sci	nool																			_		
																				_		
If N	0, w	hich	scho	ools	are	you	ı cor	nside	ering	g app	olyir	ng to	?									
Scl	nool																					

## **Reasons for your request**

Please explain below why you wish your child to be considered for admission outisde to their normal admission year. i.e.to start school in the year group below/above their normal age of admission.

Please attach any professional or supplementary documentation to support your request.										
Health or medical reasons:										
Academic, social and emotional development reaso	ns:									
Signed by Parent/Carer(s)										
Signed by Farency Carer(S)										
Name of Parent/Carer(s)										
Date										

## Please send completed form to:

Email: primaryadmissions@milton-keynes.gov.uk or secondaryadmissions@milton-keynes.gov.uk

Post:

Milton Keynes Council Children's Services Education Sufficiency and Access team CIVIC 1 Saxon Gate East Milton Keynes MK9 3EJ