



milton keynes council

**5: Parent's / Carer's details:**

**Title:**

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**First Name:**

[illegible]

**Surname:**

[illegible]

Relationship to Child: (Mother/Father/Step-Parent/Other)

[illegible]**Telephone number:**[illegible]

**Email address:**

[illegible]

**Have you already submitted an application for your child in their normal admission year?**

**YES/NO**

**If YES, which schools have you selected?**

School

**If NO, which schools are you considering applying to?**

School

**Reasons for your request**

Please explain below why you wish your child to be considered for admission outside 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 reasons:**

<b>Signed by Parent/Carer(s)</b>	
<b>Name of Parent/Carer(s)</b>	
<b>Date</b>	

**Please send completed form to:**

**Email:** [primaryadmissions@milton-keynes.gov.uk](mailto:primaryadmissions@milton-keynes.gov.uk) or [secondaryadmissions@milton-keynes.gov.uk](mailto: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