

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.

1: Child's details

Suri	Surname:																		
Firs	First name:																		
Mid	Viddle name (s):																		
Chil	d's c	late	of b	irth										-					
										Μ	Male								
							l		Female										

2: Child's home address

House name/ number and first line of address:

Area	Area:																		
Tow	n:													•		•	•	•	
Post	cod	e:																	

3: Children in care/ Looked after children

Is the child looked after/in care of/previously looked after/ previously in care of a local authority in England? YES / NO

Is the child looked after/in care of/previously looked after/ previously in care of a local authority outside of England? YES / NO

If yes, please state which Local Authority/Country:

<u>4: Special Educational Needs</u>

Does your child have special educational needs? YES / NO

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

5: Parent's / Carer's details:

Title	e:																			
Firs	t Na	me:																		
Sur	nam	e:																		
Rela	atior	nshij	p to	Child	d: (N	/loth	er/F	ath	er/S	tep-	Pare	ent/	Oth	er)	-			-		-
	Felephone number:																			
Tele	epho	one r	num	ber:																
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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:

Signed by Parent/Carer(s)	
Name of Parent/Carer(s)	
Date	

The information requested on this form is required under the Education (Pupil Registration) (England) (Amendment) Regulations 2016 and will be managed and processed in accordance with Data Protection legislation. For more information on how we use your personal data, please see our Privacy Notice which is published on the Milton Keynes City Council website.

Please send completed form to:

Email: <u>primaryadmissions@milton-keynes.gov.uk</u> or <u>secondaryadmissions@milton-keynes.gov.uk</u> **Post:** Milton Keynes City Council, Children's Services, Access to Education Team, CIVIC, 1 Saxon Gate East, Milton Keynes, MK9 3EJ