

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:**

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

Post: Milton Keynes City Council, Children's Services, Access to Education Team, CIVIC, 1 Saxon Gate East, Milton Keynes, MK9 3EJ