

REQUEST FOR ADMISSION OUTSIDE NORMAL AGE GROUP

Before completing this form, please carefully consider the information contained in the Academy's Admission Policy (published on the Academy's website and in hard copy form from the Academy's main office on request) and Paragraphs 2.17 to 2.17B of the DfE's School Admissions Code 2014.

Once completed, this form and any supporting documentation must be sent to:

head@kelsall.cheshire.sch.uk

Parents should note that this form is not an application for admission, which will need to be made separately in the usual way.

Part A - Child's details:	
Child's full legal name:	
Child's date of birth:	
Child's current age:	
Child's home address: <i>(as defined in the Admission Policy)</i>	

Part B - Parent's details:	
<i>Only provide details of one parent - no details of other parents must be given. The definition of a 'parent' in education law is set out in the School's Admission Policy.</i>	
Parent's full legal name:	
Parent's address: <i>(if different to the above)</i>	
Parent's email address:	
Parent's contact number:	

Part C - Year groups:	
Child's normal year group:	
Year group sought for Child:	

Part D - Please set out below your reasons for asking for the child to be admitted to a year group outside their normal year group:

You should have regard to the following factors which the School's Admission Committee will take into account when considering whether or not to agree your request in principle:

- *Information about the child's academic, social and emotional development;*
- *Where relevant, the child's medical history and the views of their medical professional;*
- *Whether the child has previously been educated outside their normal age group;*
- *Whether the child may naturally have fallen into a lower age group if it were not for being born prematurely.*

This is not an exhaustive list - you should provide any information you believe is relevant.

--

Part E - Please list below documentation you have attached in support of your request:
(for example, a letter/report from the child's GP, hospital consultant or other medical professional, social worker, home tutor, nursery teacher, etc.)

--

Part F - I certify that the information that provided in this form is true and accurate, to the best of my knowledge and belief:

Signed:	
Full legal name:	
Dated:	