

REQUEST FOR ADMISSION OUTSIDE NORMAL AGE GROUP

Please carefully read the Academy's published Admission Policy and Paragraphs 2.18 to 2.20 of the School Admissions Code 2021 before completing this form.

Important: This is not an application for admission. Parents are strongly encouraged to submit this request well in advance of any application deadlines, so informed decisions can be made as to preferences. The parent's details given in this form must be the same as the parent's details in the application form, because the Academy is prohibited from obtaining details of more than one parent during the application process.

PART A - CHILD/EXTERNAL APPLICANT'S DETAILS:	
Child's full legal name:	
Child's date of birth:	
Child's current age:	
Child's home address: (as defined in the Admission Policy)	

PART B - PARENT'S DETAILS (one parent only):	
Parent's full name:	
Parent's address: (if different to the above)	
Parent's email address:	
Parent's contact number:	

PART C - YEAR GROUPS:

Child's normal year group:

Year group sought for child:

PART D - REASONS FOR REQUEST:

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

Please consider the factors set out below which the 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 (including in nursery);
- 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 - please provide any information you believe to be relevant to your request.

PART E - SUPPORTING DOCUMENTS:

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. It is not mandatory to submit supporting evidence, but it may be helpful.

PART F - SIGNATURE AND DATE:

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:

This completed, signed and dated form and any supporting documents must be returned to:

admissions@clf.uk.