

****This is not an application for a school place.****

Please note, even if this request is agreed, this does not mean that your child will receive an automatic admission into any of the schools you have listed as preferences on your application.



Request to be educated out of year group. (Delayed Entry)

Starting School in Reception September 2021

Before you complete this form please ensure that you have read the accompanying 'Guidance and Policy related to the education of children outside their chronological group.'

This is NOT an application for a school place. You MUST complete a separate on line application form which can be found on the Telford.Gov website.

www.telford.gov.uk/admissions

Child Details	
Surname	Date of Birth
Forename	Gender
Current Nursery/Pre-school setting/provider	
Child's home address	
Postcode	
Parent Details	
Title	
Forename	
Surname	
Relationship to the child	
Please name all persons who have Parental Responsibility for this child. (Further evidence of Parental Responsibility may be requested at any stage.)	
Telephone Number (s)	
Email Address	
If your home address is different to the child's address, please provide details below. Please note: the address used for allocating school places is the child's address.	

****This is not an application for a school place.****

Please note, even if this request is agreed, this does not mean that your child will receive an automatic admission into any of the schools you have listed as preferences on your application.



Additional Information	
Does your child have an Education and Health Care Plan	Yes <input type="checkbox"/> No <input type="checkbox"/> Undergoing assessment <input type="checkbox"/>
An Education and Health Care plan is a document written by the Local Authority which details the needs a child has in their learning as school, and the measures which the school will take to help them.	
Is your child under the care* of the Local Authority or previously been under the care* of a local authority	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Children in the care of, or provided with accommodation by, a local authority and children who were looked after, but ceased to be so because they were adopted (or became subject to a residence order or special guardianship order)	
If Yes, please confirm current status by ticking the relevant box	Full care order <input type="checkbox"/> Interim care order <input type="checkbox"/> Special guardianship order <input type="checkbox"/> Kinship order <input type="checkbox"/> Adopted through LA <input type="checkbox"/>

Supporting Evidence			
Have you sought the advice of your child's current childcare provider in respect of this request?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state Name and Position	Please attach any evidence or advice that you have received from this person.
Have you sought the advice of a medical professional in respect of this request?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state Name and Position	Please attach any evidence or advice that you have received from this person.
Have you sought any other professional advice in respect of this request?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state Name and Position	Please attach any evidence or advice that you have received from this person.

****This is not an application for a school place.****

Please note, even if this request is agreed, this does not mean that your child will receive an automatic admission into any of the schools you have listed as preferences on your application.



Reasons for requesting a deferred entry to Reception

My child is due to start school in Reception
September _____
(Please state the relevant year of entry)

I request that my child starts school in
Reception in September _____
(Please state the relevant year of entry)

Please explain your reason for wanting to defer your child's entry into school
(Continue on a separate page if necessary)

Large empty box for providing reasons for deferring school entry.

****This is not an application for a school place.****

Please note, even if this request is agreed, this does not mean that your child will receive an automatic admission into any of the schools you have listed as preferences on your application.



School details

Please list the schools you are indicating as a preference if your request for your child to be educated out of the chronological cohort is agreed.

You MUST contact the schools you name below prior to submitting this request form and explain to them your reason for requesting for your child to be educated out of year group. The schools concerned must then confirm their acknowledgment and agreement to such an arrangement, if approved, by signing the box below. There is no guarantee that the local authority will also agree to the request.

Head teachers /Governing Bodies signing to agree to the child being registered and taught out of their chronological age group, and completing statutory assessments in the year in which they are being taught, should a place be confirmed to that child through the normal admissions process.

Name of school	Head teacher / Governing body agreement		
	Name	Signature	Date

	<p>Please note: Your request will not be processed until the above section has been completed and agreement has been received from at least one of the schools which you are indicating a preference for. If the request form is not completed in full then it will be returned to you.</p> <p>Any agreement which is subsequently made, for your child to be educated outside of their chronological year group, will only apply to the schools named above who have agreed to such an agreement</p>	
--	---	--

****This is not an application for a school place.****

Please note, even if this request is agreed, this does not mean that your child will receive an automatic admission into any of the schools you have listed as preferences on your application.



Declaration

I confirm that I have read and understood the 'Guidance and Policy' related to the education of pupils outside of the chronological year group.'

I confirm that I have Parental Responsibility for the child named on this form and that all others who have Parental responsibility for the child are in agreement with this request.

I have completed an application for a school place in accordance with the admission arrangements for the year my child should, due to their date of birth, start school.

I understand that if my request is successful that I will need to apply for a school place next year.

I understand that even if my request is successful, this does not mean that my child will receive automatic admissions into any of the schools I have indicated on this form.

I understand that the Local Authority may need to contact the schools and other professionals named on this request form for further information/clarification

This includes my child's current nursery /child care provider.

I have attached all the relevant information which I refer to in my request.

Please note that if all persons who have parental responsibility do not agree to the making of the request the application will be placed on hold and the child will be allocated a place within the normal admission round.

****All sections of this form MUST be completed in full. Failure to complete the form and attach all relevant evidence will result in the form being returned to you and this will delay the processing of your request.**

Signature of parent/carer		Print name	
		Date	