REQUEST FOR ADMISSION OUTSIDE THE NORMAL AGE GROUP



For admission to community and voluntary controlled schools into a year group different to that determined by date of birth. Including delayed admission to reception for summer born children.

This is not a school application form – you <u>must</u> also complete a school preference form for your child to be considered for a place at your preferred school(s).

Please complete and return this form to admissions@coastalpartnership.co.uk

If you are unable to complete the form online please post to:

Coastal Learning Partnership

Heathlands Primary Academy

Andrews Close, Springwater Road, Bournemouth, BH11 8HB

VOLID CHILD/C DETAILC		
YOUR CHILD'S DETAILS Last name (Legal name)		
First Name Middle Names(s))	
Known as last name (if different)		
Date of Birth / / Gender: Male	Female	
Current school, pre-school or nursery (if any)		
Does your child have an Education Health & Care Plan (EHCP)? Is this an application for a local authority 'Looked After' child	YES	NO
(i.e. in foster care) or previously Looked After child?	YES	NO
Are all parties with Parental Responsibility in agreement with this requ	iest? YES	NO
If not, why not?		
Child's permanent home address Postcode		
Is this also YOUR permanent address? If not, what is your address?	YES	NO
PARENT/CARER NAMES(S) and DETAILS		
Mr/Mrs/Miss/Ms Contact number		
Email address		
What is your relationship to the child?		
WHICH SCHOOL IS THIS REQUEST FOR:		

Please set out clearly whether you are asking for your child to be advanced to a higher year group, for your child to repeat a year, or to delay their admission to reception by one year.						
Please explain all your reasons for requesting your child be admitted outside their normal year group attaching any reports and information that you have that are relevant to your application.						
Useful information/documentation might include:						
Your child's educational history Indication of your child's wishes where practical/age appropriate						
School or other educational reports						
Existing professional reports and assessments e.g. educational psychology reports						
Health information eg from your child's specialist Exam courses being followed where appropriate						
If you have other information specific to your child that you feel would be helpful that does not appear on this list above please forward this with your application.						
Please note that it is your responsibility to ensure that any documents are obtained and attached to this form so that the full circumstances of your request can be considered by the Panel.						
Continue on a separate sheet if necessary						

DECLARATION

You may only submit an application if you have parental responsibility for the child. If there is joint responsibility, this application must be discussed with everyone who has parental responsibility and agreement reached for this form to be submitted. By submitting this application, you are confirming that you have sole parental responsibility for the child or that there is agreement between all persons who have parental responsibility.

I have parental responsibility for or look after the child named on page 1. To the best of my knowledge, the information I have given is correct and complete. I will advise the Admissions Team, in writing, of any changes to the information on this form. I understand that the provision of false or misleading information may lead to the withdrawal of the offer of any school place either prior to or during the school term. I also understand that the information I have submitted on this form is covered by the Data Protection Act 2018.

General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 - We process your personal information in accordance with GDPR and Data Protection Act 2018. If you would like to know how we use your information, please see our Privacy Notice on the Coastal Learning Partnership website.

In accordance with the DPA 2018 we are required to keep the information we hold about you up to date and accurate. By signing this form you are confirming the information is correct.

Signature Date	/	/		
Name (block capitals)				