**DELAYED ADMISSION TO THE RECEPTION YEAR REQUEST FORM**

If you are a parent/carer of a summer born child (born between 1st April and 31st August) you can request for your child to be admitted outside of their normal year group. Therefore your child would start in the year group below.

Depending on which academy/schools you apply for, it will be the decision of the admission authority as to whether your application to delay your child’s admission will be approved.

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| --- | --- |
| Child’s First Name(s): |  |
| Child’s Surname: |  |
| Date of birth: |  | Gender: Male / Female |
| Parent/Carer(s): | Parent Name: | Relationship to child: |  |
|  | Parent Name: | Relationship to child: |  |
| Address: |  |
| Postcode: |  | Telephone number: |  |
| Email address: |  |

|  |  |
| --- | --- |
| Name of current nursery/pre-school (if any): |  |
| Start date: |  | Number of hours attending |  |
| Is the child in care or was previously in care of a Local Authority under the Children Act 1989? | Yes | No |
| Does the child have Special Educational Needs or and Education, Health and Care Plan (EHCP)? | Yes | No |

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| **School Preferences**Please indicate the academy/school you would like to apply to for your child outside the normal year group: |
| First preference school: |  |
| Second preference school: |  |
| Third preference school: |  |
| Have you already made a Starting School application for your child’s normal admission year group? | Yes | No |

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| **Reason(s) for Request**Please explain below why you wish for your child to be considered for a delayed admission to the reception year (i.e. to be put in the Year Group below their normal age of admission):Please attach any professional or supplementary documentation to support your request. |
| Health or medical reason: |
| Communication and language reasons: |
| Personal, social and emotional reasons: |

I confirm that the information I have stated and/or attached is accurate and I consent to the information in relation to my request being shared with the relevant academy/schools in order for my request to be considered.

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| Signed by the parent(s): |  |
| Name of parent(s): |  |
| Date: |  |

Please send completed form to:

School Admissions Team

Bedford Borough Council

Borough Hall

Cauldwell Street

Bedford

MK42 9AP

Or email admissions@bedford.gov.uk