REQUEST TO START SCHOOL OUT OF THE CHRONOLOGICAL YEAR GROUP

This form should only be used by those parents / carers requesting their child starts school in Reception, a full year behind their chronological age group. You should read the information on the webpage ‘[Summer Born Children – Starting School: Advice for parents](https://www.gov.uk/government/publications/summer-born-children-school-admission/summer-born-children-starting-school-advice-for-parents).

Those applying for deferred entry or an in-year admission outside the normal year group should follow the process outlined in the Admissions & Appeals Policy.

Parents should be aware that:

* Consideration of the request may be delayed unless this request and any supporting documents you wish to submit are received by the primary school application deadline (15 January).
* The child may only be offset with the agreement of the local academy board (the admission authority) for this Academy. You will also need to make applications to the local authority (for schools for whom they are the admission authority) and / or the admission authorities for any other schools you are applying to.
* If agreed, the child will usually remain offset throughout their educational career and the transfer to secondary school will take place a year later, however, you may need to make an application in Year 5 to a local authority or the admissions authority of a different school, as they may not agree with the decision made by the local academy board. The same will apply if you move house mid-way through your child’s education and you apply to other local authorities or admission authorities.
* Should agreement not be given, and you still choose to delay entry, you will need to apply for a place in Year 1; this application will need to be made in June (i.e., prior to the start of the academic year in late August). Allocation will be dependent upon a place being available at the time of application and your child qualifying for a place following application of the oversubscription criteria.

**PART 1**

|  |  |
| --- | --- |
| **Child’s details** |  |
| Forename / s: |  |
| Surname: |  |
| Date of birth: |  |
|  |  |
| **Parent’s / Carer’s details** |
| Mr / Mrs / Ms / Miss / Other (please state or delete as appropriate) |
| Forename: |  | Surname: |  |
| Child’s address: | Your address (if different to the child’s): |
|   |   |
|   |   |
|   |   |
| Postcode: |  | Postcode: |  |
| Contact number: |  |
| E-mail address:  |  |

 *Please turn over*

**PART 2**

|  |
| --- |
| **Reasons for request. Please state these as fully as possible in the space below and attach separate sheets if necessary.** |
|  |
| **Who is supporting the request (tick any that apply)?**

|  |  |
| --- | --- |
| Paediatrician |  |
| Educational Psychologist  |  |
| Specialist Teacher |  |
| Speech therapist |  |
| Head Teacher / nursery teacher |  |
| Other - please specify the occupation or relationship to the child:  |  |

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| **Please list below any supporting documents you are including with this application:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
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Please post / return the completed request and supporting documents by either:

e-mail to: admissions@dixonsaa.com

post to: Admissions Officer, Dixons Allerton Academy, Rhodesway, Bradford, BD8 0DH