

# Request for delayed entry to a reception class

This form is for parents of summer born children (children born between 1 April to 31 August in any year) seeking approval for their child to be admitted out of their normal age group. If approved, you will be entitled to apply for a place for your child to start a reception class when they reach compulsory school age (ie the term following their fifth birthday).

For office use

School stamp initials

Date:

Time:

Please note this form should be submitted in addition to the September intake application form.

Child's surname/family name:

Child's first name:

Child's date of birth (Day/Month/Year)

Male / Female (please circle)

Your address

House number/name:

Street name:

Village:  Town:

Postcode:  Phone number:

Email address:

Parent/Guardian's full name:

Name of school(s) to which you are seeking approval to apply outside of the normal age group.

Preference 1

Preference 2

Preference 3

Is your child currently being assessed for an Education Health and Care Plan? (please circle) Yes / No

Is your child currently in receipt of early years provision? (please circle) Yes / No

If yes, please provide further details below

Name of early years provider:

Number of hours attended:

**Was your child born prematurely?** (please circle) **Yes / No**

If yes, please provide your child's due date:

|      |        |       |
|------|--------|-------|
| Day: | Month: | Year: |
|------|--------|-------|

**Are there any other agencies involved with your child?** (Please give details below)

**Please explain below why you consider deferred admission to a reception class is in your child's best interests. If you wish to provide any professional evidence to support your request, please attach it to this form.**

**Signed:**

**Date:**

**I confirm that the information provided on this form is true and accurate.**

**I have discussed this request with any person who has parental responsibility for the child. I consent to the information contained in this form being shared with the headteacher of the school(s) to which my request for deferred entry is made**

**Please return your completed forms, along with any additional documentation you wish to be considered by 15 January 2024, to: School Admissions Team, Wiltshire Council, Bythesea Road, Trowbridge, Wiltshire BA14 8JN.**

Wiltshire Council has a duty to protect personal information belonging to the public. The council is a data controller, registered with the Information Commissioner's Office to process personal data. Wiltshire Council processes all personal data in accordance with the requirements of the General Data Protection Regulation (GDPR).

I certify that the information I have provided is true to the best of my knowledge and understand that any false or deliberately misleading information provided in this form or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a school place for my child. I also give my consent for the School Admissions Team to contact relevant agencies in order to validate this application.