

Request for deferred entry to a Year 7 secondary school

This form is for parents of children who are seeking approval for their child to be admitted out of their chronological age group for a Year 7 place for September. If approved, you will be entitled to apply for your child to start secondary school for the academic year you require. The application will be considered alongside all applications received for the Year 7 entry.

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 for.

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 educated outside of their chronological year group? (please circle) Yes / No

Are you requesting that your child repeats Year 6? (please circle) Yes / No

If yes, please give details explaining why on the next page.

Has your child been taught out of their chronological year group overseas or outside of England? (please circle) **Yes / No**

If yes, please give details of where and which school they were taught at:

Please explain below why you consider deferred admission to a secondary school is in your child's best interests. Please provide any professional evidence to support your request and 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 and to the headteacher of my child's current school.

Please return your completed forms, along with any additional documentation you wish to be considered by 31 October 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.