



REQUEST FOR DELAYED ENTRY INTO YEAR R FOR SUMMER BORN CHILDREN

(ADMISSION OF CHILDREN OUTSIDE THEIR NORMAL AGE GROUP - SCHOOL ADMISSION CODE PARA 2.17)

Parents of summer born children (born between 1 April and 31 August in any year) can request for their child to be admitted out of their normal age group. In Portsmouth, the LA coordinates all requests, however, the decision is made by the relevant admission authority for the school. If agreed, you will be entitled to apply for a place for your child to start Year R when he/she reaches compulsory school age (i.e. the term following their 5th birthday). Please ensure you apply on time for your child's chronological year group whilst your request is being considered and if your request is agreed, the application will be withdrawn. Apply online at www.portsmouth.gov.uk/schooladmissions up to the closing date **15 January** or on a paper application.

Parent/carer name:

Address:.....

Postcode:.....

Home phone:.....Mobile:.....

Email:.....

Child's full name:.....

Date of birth: DD/MM/YYYY..... Gender: M/F

Schools which you are applying for:.....

Which schools have you visited and had an individual discussion regarding your request.....

Please note you will need to do this **before** submitting your request **by 15 January** as we will need to liaise with school regarding their decision/recommendation.

Current Nursery/Early years provider

Hours attending.....

Was your child born prematurely? Y/N If yes, due date DD/MM/YYYY.....

Please explain why you consider your child should be admitted to school outside their normal age group. If you have any relevant professional evidence which you wish to submit, please attach a copy to this form.

Communication and language reasons:

Personal, social and emotional reasons:

Physical reasons:

I confirm that the information provided on this form is true and accurate. I consent to this information being shared with the headteacher of any of the schools listed and with other professionals consulted about this request.

Signed:..... Date:.....

Please return your completed form along with any supporting evidence you wish to be considered **by 15th January** to Admissions, Portsmouth City Council, Floor 2 Core 5 Civic Offices, Guildhall Square, Portsmouth PO1 2EA or scan it and email to admissions@portsmouthcc.gov.uk