

[SCHOOL/ACADEMY NAME]

APPLICATION FOR ADMISSION OUTSIDE NORMAL AGE GROUP

This is not an application for admission – it is an application to the Academy Governing Board for their agreement in principle to the child being admitted to any year group other than the child’s normal year group. The completed form and any supporting documentation must be submitted to [School/Academy Name] for consideration by the Academy Governing Board as soon as possible. Regardless of the outcome of this application, a separate application for admission will need to be made in the usual way, and will be considered with all other applications received, applying the oversubscription criteria as appropriate.

In the case of children born between 1 April and 31 August (known as “summer born children”) whose parents want them to start Reception Year one year later than usual (i.e. in the September following their fifth birthday, rather than the September following their fourth birthday), the application should be made well in advance of the application deadline for the child’s admission to Reception Year with their normal age group, to keep all options open. Where the Academy Governing Board agrees an application in principle, their letter confirming this should accompany the subsequent application for admission.

This form should be read alongside the School’s/Academy’s Admissions Policy.

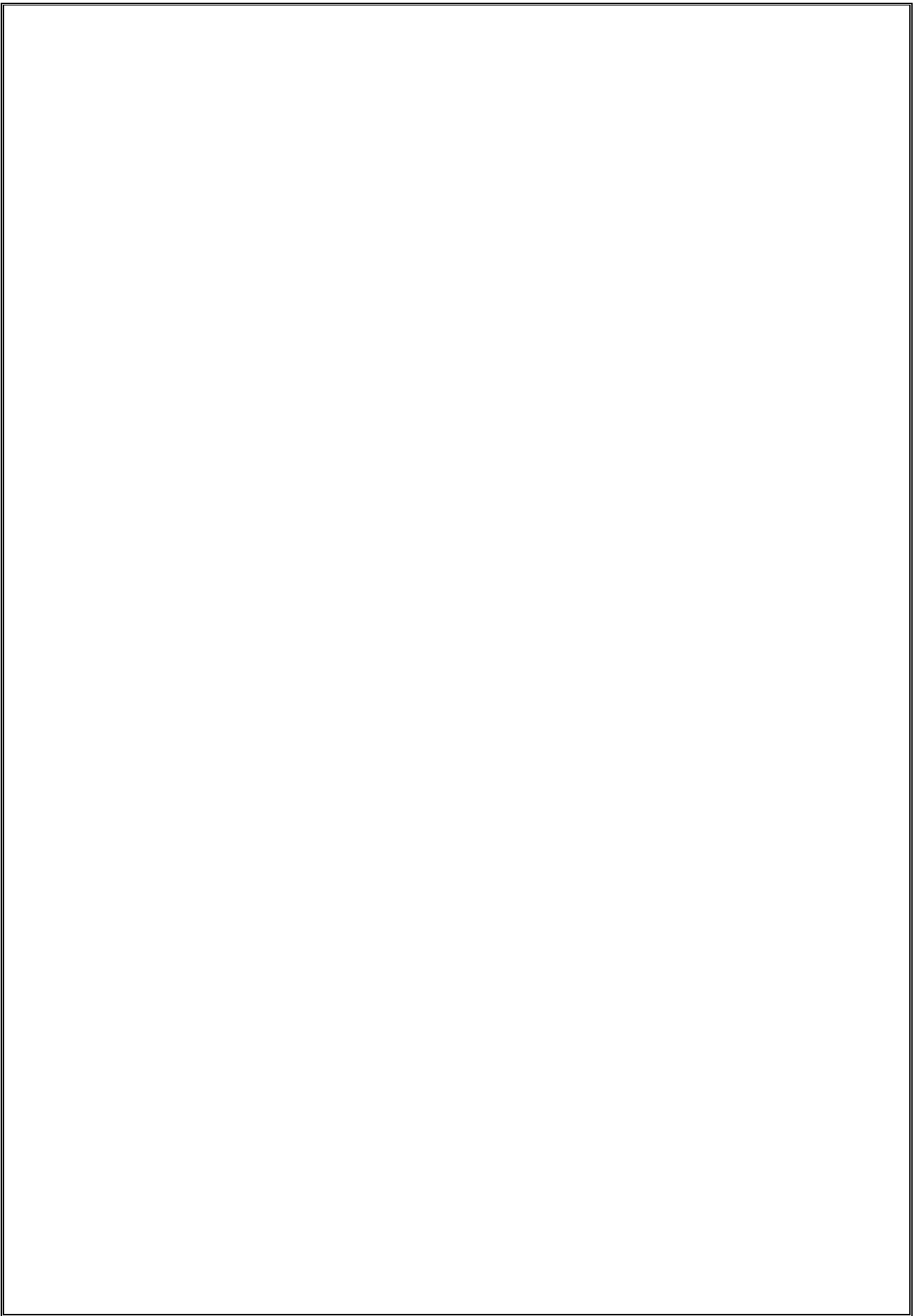
This form should be completed by the parent with whom the child lives for more than 50% of their time from Monday to Friday during term time. Please complete in block capitals using black ink. All names provided must be formal names, as stated in passports and other formal documents. The completed form should be forwarded to the school office at School/Academy name.

PART A – CHILD’S DETAILS

Child’s Surname:	
Child’s Forename(s):	
Child’s Date of Birth:	
Child’s Main Home Address: (as defined in the Admissions Policy)	

PART B – PARENT’S DETAILS	
Parent’s Surname:	
Parent’s Forename(s):	
Parent’s Home Address: (If different)	
Parent’s Email Address:	
Parent’s Contact Number:	

PART C – APPLICATION DETAILS	
What date do you want the child to be admitted?	
What year group do you want the child to be admitted to?	
What year group would the child’s normal age group be in?	
<p>Please give detailed reasons for your belief that it is in the best interests of your child to be admitted outside their normal age group. In doing so, please consider the following factors which will be considered by the Academy Governing Board:</p> <ul style="list-style-type: none"> • The parents’ views; • The Headteacher’s view; • The child’s academic, social and emotional development; • Where relevant, the child’s medical history and the views of their medical professionals; • Whether the child has previously been educated outside of their normal age group; • Whether the child would have naturally have fallen into a lower age range were it not for having been born prematurely. <p>This is a non-exhaustive list. There may be other factors that the Academy Governing Board will consider.</p>	



Please list all documents attached in support of your application:

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PART D – PARENT’S SIGNATURE

I certify that the information provided in this form is true and accurate, to the best of my knowledge and belief:

Signed:

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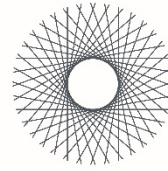
Print name:

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Date:

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School logo



HERTS FOR
LEARNING
**MULTI
ACADEMY
TRUST**

School name

Application Form In Year Admissions

- Before you fill in this form, please read the guidance documents and information on our website at school website info
- Supplementary Information Forms (if applicable) and any additional supporting documentation should be returned direct to the school
- Please complete this form using black ink and CAPITAL LETTERS
- **You must include two recent (within the last 3 months) forms of address evidence.** One must be a council tax bill, utility bill, solicitor's letter showing completion date or a signed tenancy agreement. Please do not send originals.
- If moving/returning to the UK, you must also provide evidence of your arrival. This can be flight itinerary, boarding passes or ferry/train tickets.

We cannot process an application without evidence of your address.

Section 1: Your child's details

Date place is required*:

*Places are offered on the basis that they will be taken up within 10 school days. Please do not apply more than 4 weeks in advance of the date you require a place unless you are a service family.

Your child's details:

First name	Middle name(s)	Family name/Surname
Date of birth	Current Year Group*	Female / Male

*Hertfordshire will allocate a place into the usual year group based on your child's date of birth. If you wish your child to be educated in a different year group to that indicated by their date of birth, please provide further details with this form.

Your child's current address and postcode	Current address
We check addresses and we will withdraw our offer of a school place if you give a false address	Postcode

Your child's new address and postcode	If you are moving house, please provide the new address below:
Date of move*	Postcode

*Please ensure you enclose proof of your new address including the move date. This can be either a solicitor's letter confirming completion or a copy of the formal lease agreement. If you are moving to a rental property, please provide evidence that you have sold or are in the process of selling your previous property, or that a previous lease agreement has ended. We will not be able to take into account a new address without proof as referred to above.

Section 2: Application details

Does the child have a sibling at the school? * If yes, please give details below:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	Male/Female:
	Date of birth:

*A sibling is either the sister, brother, half brother or sister, adopted brother or sister, child of the parent/carer or partner or a child looked after or previously looked after and in every case living permanently in a placement within the home as part of the family household.

Does your child have an Education, Health and Care Plan (EHCP) or statement of special needs (SN)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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A Statement of SN or an EHCP is a document written by the local authority detailing the child's needs and the measures the school will take to help them. The SEN team at the local authority manage admissions for children with a statement and your application will be passed to them.

Is the child you are making an application for in the care of the Local Authority (Child Looked After)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate which local authority and include a supporting letter from the child's social worker and/or advisory teacher:	

Was your child previously looked after but was then adopted or became subject to a child arrangements order or special guardianship order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide supporting evidence including a copy of the adoption order if applicable	

Are you applying under Rule 2 (exceptional medical or social needs)?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
*You must include supporting professional evidence clearly demonstrating why your child's needs can only be met at one specific school. Please include all the evidence you wish us to consider as we can only consider the information received at the time of application. Rule 2 can only be re-considered if there has been an exceptional change of circumstances	

Are you applying under the Children of Staff rule if applicable*?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*This is not currently applicable at this school	

Are you or your partner UK service personnel or a crown servant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please include an official MOD, FC or GCHQ letter showing relocation date	

Your child's current school	
School Name	School Address
Date last attended (if your child has left):	

Section 3: Your details

Name of person making the application (Usually a parent/carer)	Title	Initial	Family Name
Address if different to that given above			
Daytime telephone number			
Email address Our preferred way to contact you			
Your relationship to the child			

Is the child living with you under a private fostering arrangement? This is where the child lives with an adult who is not a close relative i.e. not a parent, grandparent, sibling, aunt or uncle.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have parental responsibility? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please provide permission from the person(s) with parental responsibility confirming they are in agreement with the application.	

Section 4: Parental declaration

If you deliberately give false information, we may withdraw the offer of a school place.

All of the information I have given on this form is correct and up to date.

I have read and understand the school's admissions policy.

I understand that you will inform my child's current school of this application and will share the information in this application with the schools listed on this form and, if different, the allocated school.

I understand that my child must be able to take up the allocated school place immediately and that the place may be withdrawn if not accepted within 10 school days.

I confirm I have parental responsibility for this child and/or the agreement of all persons with parental responsibility

I enclose: Supporting evidence relating to the application, including proof of arrival if applicable

Proof of address - **we cannot process the application without this.**

Your full name

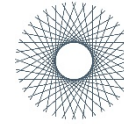
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Your signature

	Date:	
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Please return this application form to the office of name of school
School address

It is very important that you include all necessary documentation with your application in order to avoid any delays.



[Name of school]

PRIORITY 2 FORM - EXCEPTIONAL MEDICAL OR SOCIAL NEED

REPORT FROM A DOCTOR, SOCIAL WORKER OR OTHER RELEVANT INDEPENDENT PROFESSIONAL

Part A of this form must be completed by a parent. The form should then be provided to the doctor, social worker or other relevant independent professional who should complete Part B, sign, date and stamp the form, before returning it to the parent if the parent wants to rely on this priority in order to achieve a place at the school. The form must be submitted at the same time as the Common Application Form.

This form is intended to support an application for admission under Priority 2 of the academy's/school's Admission Policy, which states:

“Priority 2 – Children who the Trust accepts have an exceptional medical or social need for a place at the school”:

*Children for whom [Name of School] is the **only** school that is appropriate for the child to attend because of the child's exceptional medical or social need, will be admitted under this priority.*

Applications under this priority must be accompanied by Priority 2 Form, Part A of which must be completed by the parents before being provided to the child or parent's the doctor, social worker or other relevant independent professional who must then completed Part B, sign, stamp and date the form. The doctor, social worker or other relevant independent professional must expressly confirm not only the nature of the exceptional medical or social need of the child or parent, but also the reason why it is appropriate for the child to attend the school, why no other school is suitable, and the reasons why this is the case.

*The completed, signed and stamped Priority 2 Form must be provided with the common application form. An application under this priority will **not** be considered in cases where the completed, signed and stamped Priority 2 Form is received after the common application form has been submitted.”*

Instructions to Hertfordshire County Council: please ensure that this form is kept confidential and is processed only to the extent that it is necessary to pass the information to the school. Please ensure that the forms are sent to the school by a secure means. Please contact HCC's Strategy & Policy Manager, Admissions & Transport, for further details.

PART A – To be completed by Parent

Child's Surname:

Child's Forename(s):

Child's Date of Birth:

Child's Main Home Address:

This form should now be handed to the child's doctor, social worker or other relevant independent professional for completion of Part B.

PART B – To be completed by a doctor, social worker or other relevant independent professional then returned to the parent

Name of person with an exceptional medical or social need:

Please confirm the nature of the exceptional medical or social need:

In your professional opinion, is [NAME OF SCHOOL] the only school which is appropriate for the child to attend as a result of their medical or social need?

Yes		No	
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Please state your reasons for stating [NAME OF SCHOOL] is the only school which is appropriate for the child to attend:

<p>Please explain the difficulties the child would experience if the child attended another school within a reasonable distance of the child's main home address:</p>	
Signed:	
Print Name:	
Position:	

Organisation:	
Organisation's address:	
Date:	
Official Stamp:	

Note to professional: please return the completed form to the parent named above by a secure means. It is the parent's responsibility to submit the form as part of the admissions application process.