



REQUEST FOR ADMISSION OUTSIDE NORMAL AGE GROUP

Before completing this form, please read the School's Admission Policy, which is published on the School's website and available in hard copy form from the School's main office, and the DfE's 2021 School Admissions Code paragraphs 2.18, 2.19 and 2.20

Parents should note that this is not an application for admission, which must be submitted separately in the usual way. Where an application for admission is also being submitted, the same parent should complete both forms - no details of the other parent must be provided.

Parents are strongly encouraged to submit this request at the earliest opportunity, well ahead of any deadlines, so that they can make informed decisions about school preferences in respect of future applications for admission.

This completed form and any supporting documents must be sent to: The Clerk to the Admissions Committee at admissions@mslt.org.uk.

PART A - CHILD'S DETAILS

Child's full legal name:	
Child's date of birth:	
Child's current age:	
Child's home address: (as defined in the Admission Policy)	

PART B - PARENT'S DETAILS:**Parent's full legal name:****Parent's address:**

(if different to the above)

Parent's email address:**Parent's contact number:****PART B - YEAR GROUPS:****Child's normal year group:****Year group sought for Child:****PART D - DETAILS OF REQUEST:**

Please set out below your reasons for asking for the Child to be admitted to a year group outside their normal year group:

You should have regard to the following factors which the School's Admission Committee will take into account when considering whether or not to agree your request in principle:

- Information about the child/candidate's academic, social and emotional development;
- Where relevant, the child/candidate's medical history and the views of their medical professional;
- Whether the child/candidate has previously been educated outside their normal age group;
- Whether the child/candidate may naturally have fallen into a lower age group if it were not for being born prematurely.

This is not an exhaustive list - you should provide any other information you believe is relevant to your request.

Please list below documentation you have attached in support of your request:

(for example, a letter/report from the Child's GP, hospital consultant or other medical professional, social worker, home tutor, nursery teacher, etc.)

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

Signed:	
Full legal name:	
Dated:	