

Office Use Only	
School Stamp & Initials	
Date	Time

Doncaster Council

Request For Deferred 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). If you are applying to an Academy, Aided or a school outside of Doncaster you will need to contact the school directly for information on how to make your request. You may use this form.

Child's Forename	Child's Surname	Child's Date of Birth
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Your Address		<table border="1"> <tr> <td>Male</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Male	<input type="checkbox"/>					
Female	<input type="checkbox"/>					
House No./Name	_____					
Street Name	_____					
Village	Town					
_____	_____					
Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					

Phone Number	Email Address
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Parent/Guardian's full name: _____

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

Is your child currently being assessed for an Education Health and Care Plan. YES /NO

Is your child currently in receipt of early years provision: YES / NO (delete as applicable)

Name of early years provider:

Number of hours attended:

Was your child born prematurely? YES / NO (delete as applicable)

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:-

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Please continue on the next page.

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 form, along with any additional documentation you wish to be considered, to: The School Admissions Team, Doncaster Council, Civic Building, Waterdale, Doncaster DN1 3BU.

Data Protection

We need the information we are asking for so that we can consider your request for your child to be admitted to a school. This information is recorded on a computer system and may be shared with other agencies that are involved in the health and welfare of school children. If you have any questions, contact Doncaster Council's School Admission Team