## APPLICATION FOR A PLACE IN RECEPTION OUTSIDE THE NORMAL AGE GROUP (SUMMER BORN CHILDREN)

Please complete this form if you are planning to delay your summer born child's start to school by a full school year and would like to request that they start school in Reception rather than Year 1 once they reach compulsory school age.

You will need to explain why you feel it is in your child's best interests to start school in Reception, out of the normal age group, and may attach any evidence you have (e.g. preschool reports, medical information) that you feel is relevant and would like the Trust to consider.

Parents requesting admission to Reception out of the normal age group are advised to submit an on-time application for their child's normal Reception year at the same time as making this request. If you have any questions about this, please contact your Local Authority Admissions team.

Northampton Primary Academy Trust in conjunction with the Headteacher of the School will make a decision on the basis of the circumstances of the case.

Child's Details		
Child's Full Name		
Date of Birth		
If the child was born prematurely, what was their due date?		
Parent/carer name		
Parent/carer telephone no.		
Family home address		
Child's current school/preschool		
School/preschool address		

Dogwood		
Request		
Please give your reasons for wanting your child to be educated out of their normal age group and to start school in Reception  Please give a level of detail that will enable the Trust to make a decision.		
Places give any information about your shild's social development that will support		
Please give any information about your child's social development that will support your request.		
Please give any information about your child's physical development that will support		
your request.		
Please give any information about your child's emotional development that will support your request.		
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Please give any information about any medical conditions that will support your request.			
requesti			
Views of other professionals			
Please list below any professionals, including			
that you have consulted with who support your or reports from them that will support your or			
more than one professional.		T	
Name and contact details			
Position/profession			
Details of involvement			
I understand that by signing this form I am	requesting that my	child's entry to Reception is	
delayed.		, с с с , со жесерист с	
Signed	Date		
<u> </u>			
Print name	Relationship to Child		
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Please return this form to the Headteacher via the school office