

Request for admission outside of the normal age group (for children starting primary school)

Parent/Carers must complete this form if you are a Sefton resident, your child is ordinarily due to start school in Reception next September and:

A. As your child is ‘**Summer Born**’ (dates of birth on/between 1 April & 31 August) you have decided to delay your child starting school until the September AFTER they turn 5 years of age. You are therefore requesting that your child starts in Reception instead of Year 1 when they do start school.

Or

B. You are requesting that your child is admitted to school next year, outside of their normal age group, because of their Special Educational Needs, disability or for any other reason.

Before completing this form please read the ‘Parent advice - starting primary school outside of normal age group’ and the full policy. Both of these are available to view on the Sefton website, search under ‘school admissions’.

Child’s Full Name	
-------------------	--

Child’s DOB:		Gender:	
--------------	--	---------	--

Was your child born prematurely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
----------------------------------	------------------------------	-----------------------------

If Yes : please provide your child’s due date:	
--	--

Reason for request, see A or B above & tick box to indicate which reason applies to this request (you can expand on these reasons later on)	Reason A <input type="checkbox"/> OR Reason B <input type="checkbox"/>
---	--

When would your child ordinarily start school? (e.g. Sept 2025)	
---	--

When your child does start school which year group do you want them to start in? (e.g. Reception Year)	
--	--

Parent/Carer’s Full Name Mr/Ms/Mrs/Other (please indicate):	
--	--

Home Address (including postcode):	
------------------------------------	--

Daytime Telephone Number:	
---------------------------	--

Email Address:	
----------------	--

Please confirm if you have already made an application for Admission to Primary School for your child's usual year group?	Yes <input type="checkbox"/>	No* <input type="checkbox"/>
---	------------------------------	------------------------------

*If you have indicated no, you are **required** to make an application for primary school admission at the same time as requesting admission outside of normal age group. Please go to www.sefton.gov.uk/startingschool to make a primary school admission application now.

Name of the Primary school(s) you have named as a preference on your admission application and are also requesting admission outside of the normal age group (in order of preference).	
1.	
2.	
3.	

If applying late, after school offers have been issued, what is the name of the school that has been offered to your child?	
---	--

Is your child currently attending an early years setting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

If Yes, Name of Early Years Provider:	
---------------------------------------	--

Number of hours child attends early years setting:	
--	--

Please state reasons below for requesting admission outside of normal age group. Please refer to the parent advice guide if you are unsure about in what circumstances you should make such a request. **Please provide as much information as possible.**

If you wish to provide any additional information or professional evidence to support your request, please attach it to this form.

Parent/Carer Declaration:

- I have read the guide ‘Parent advice - starting primary school outside of normal age group’ and understand that this form is **NOT** an application for a school place, but a request for admission outside of normal age group.
- I give consent for the information given on this form being shared with the headteacher(s) of the school(s) to which my request is being made, and with the appropriate officers within Local Authority, who will be involved in making a decision about my request.
- **I give my consent for Sefton School Admissions Team to make enquiries with my child’s early years provider about my child’s progress and development to aid in the decision-making about my request.**
- I confirm that the information I have provided on this form is true and accurate. I understand that fraudulent or intentionally misleading information may lead to an admission out of age group decision being reviewed.

Signed:		Date:	
---------	--	-------	--

Please return your completed form, along with any additional documentation you wish to be considered via e-mail to, to: admissions@sefton.gov.uk

Postal address: School Admissions Team, School Support Services, Magdalen House, 30 Trinity Road, Bootle, L20 3NJ