**Education Out of Year Group – Changing Schools**

**This form is for parents of children currently educated out of year group who are moving schools and parents wish for the arrangement to continue. As well as children educated in their chronological year group, but there are exceptional reasons to request EOYG in the new school.**

Before completing this form please ensure that you have read the accompanying ‘Guidance for Educating Children Outside their Normal Academic Year Group’

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| **Child Details** | | | | | |
| Surname | | |  | Date of Birth |  |
| Forename | | |  | Gender |  |
| Child’s home address | | |  | | |
| Post code | | |  | | |
| **Parent/Carer Details** | | | | | |
| Title |  | Forename |  | Surname |  |
| Relationship to child | | |  | | |
| Please name all persons who have Parental Responsibility for this child  (Further evidence of parental responsibility may be requested at any stage) | | |  | | |
| Telephone Number(s) | | | Daytime | Evening | Mobile |
|  |  |  |
| Email address | | |  | | |
| If your home address is different to the child’s address, please provide details below.  Please note: the address used for allocating school places is the child’s home address. | | | | | |
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| **Additional Information** | | |
| Does the child have **an Education, Health and Care (EHC) Plan**? |  Yes  No | |
|  Undergoing Assessment | |
| *An EHC Plan is a document written by the local authority that details the needs that a child has in learning at school, and the measures which the school will take to help them. If your child has been assessed for one of the above, then this will have been carried out by the Warwickshire SENDAR team: 01926 742060. In such cases, a request for a child to be educated out of year group must be discussed with the SENDAR team as any such agreement may need to be named within the child’s Plan.* | | |
| Is the child known to the **Integrated Disability Service**  (IDS)? |  Yes  No | |
| Name of IDS contact: |  | |
| Is the child under the **care\*** of the Local Authority currently, or have they been previously? |  Yes  No | |
| *\*Children in the care of, or provided with accommodation by, a local authority and children who were looked after, but ceased to be so because they were adopted (or became subject to a child arrangements order or special guardianship order)* | | |
| If **yes**, please confirm current status by ticking the relevant box(es) | Full care order |  |
| Interim care order |  |
| Special guardianship order |  |
| Child arrangements order |  |
| Adopted through LA |  |
| Child Protection Order in place |  |
| Child in Need Plan in place |  |

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| **Parent/Carer reasons for requesting EOYG** | |
| **What is your child’s chronological year group?** | **Year …………** |
| **What year group would you like your child to be educated in?** | **Year …………** |
| **If your child has been educated out of year group previously what year group did this arrangement start?** | **Year …………** |
| **Where relevant, please provide the name of the admission authority that made the previous EOYG Decision** |  |
|  | |
| **Please explain your reasons for requesting education out of year group when your child changes schools (Continue on a separate page if necessary)** | |
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| **Supporting evidence from child’s current school** | |
| **Name of current (or previous) school:** |  |
| **Name of person completing the form on behalf of the current or previous school:** |  |
| **This person’s role in the school is:** |  |
| Parents have requested their child is educated out of year group when they move schools.  Please provide any details below that the EOYG Panel should consider when reaching its decision and whether, in your professional opinion you support the EOYG request. | |

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| **Supporting evidence for any medical reasons associated with the child that may support this request** | | |
| **Does the child have any medical reason(s) that you believe should be considered as part of this request?** | | **YES**  **NO** |
| **Name, and role, of the person completing this section:**  *Please note this section does not need to be completed by a medical professional. Parents may include any relevant medical reports to support their application* |  | |
| Parents have requested their child is educated out of year group when they move schools.  Please provide any details below that the EOYG Panel should consider when reaching its decision and whether, in your professional opinion you support the EOYG request. | | |

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| **Supporting evidence from any other professionals involved with the child** | |
| **Name of the organisation:** |  |
| **Name, and role, of the person completing this section:** |  |
| Parents have requested their child is educated out of year group when they move schools.  Please provide any details below that the EOYG Panel should consider when reaching its decision and whether, in your professional opinion you support the EOYG request. | |

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| **The school(s) you have consulted with as part of this request** |
| You must contact the schools where you are interested in applying for a school place prior to submitting this request form.  You should explain that you are requesting your child to be educated out of year group and explain your reasons.  Headteachers of Community and Voluntary Controlled Schools may provide comments, but the EOYG Panel will make the decision.  Headteachers for own admission authority schools that have chosen to adopt the LA’s EOYG process may provide comments, but the EOYG Panel will make the decision.  **The relevant admission authority for own admission authority schools that have chosen not to adopt the LA’s EOYG process will make the decision. Please ensure you have read and followed the admission arrangements for the school(s) if different.**  Own admission authority school’s (that have chosen not to adopt the LA’s EOYG process) are not legally obliged to agree to educate a child out of year group, even if the LA’s EOYG Panel agrees to support the request.  **Please list the schools you have consulted with below:** |

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| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

**Please Note:** Your request form will not be processed until all sections have been completed. If the request form is not completed in full then it will be returned to you.

Any agreement made by the EOYG Panel, for your child to be educated outside of their chronological year group, will only apply to voluntary controlled and community schools, and any own admission authority schools who have adopted the LA’s EOYG process.

There is no requirement for you to obtain evidence/supporting documents that you do not already have available to you.

## The Headteacher of each of the schools named in this request must complete a copy of page 8 so that it can be submitted with your request.

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| **Headteacher’s views on the request to educate out of year group** | | |
| **Name of school:** | **Name of Headteacher:** | |
| **Signature of Headteacher:** | |
| **Date:** | |
| **School Type** (voluntary controlled, community, Academy etc.) |  | |
| **If the school’s admission authority is NOT the local authority, has the admission authority chosen to adopt the LA’s EOYG Process?** | **YES** | **NO** |
| **Does the school support the delayed entry request for this child?** | **YES** | **NO** |
| **Please detail below the reasons why you are, or are not, able to support the parental request for this child to be educated outside of their chronological year group:** | | |
| Continue on a separate page, if required | | |

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| **Parent Declaration**  *(Please tick to indicate that you have complied with all)* | | |
| * I confirm that I have read and understood the ‘Guidance for educating pupils outside of their normal academic year group’ and understand the adverse effects that may be caused to a child educated outside of their chronological age group. * I confirm that I have Parental Responsibility for the child named on this request form, and that I have notified all other persons, or parties, with parental responsibility of this request and that they are in agreement with the child being educated out of their chronological year group. * I have contacted the schools, I wish to apply for, and they have had an opportunity to comment on the request for my child to be educated outside of their chronological age group. * I have checked the admission arrangements for any own admission authority schools and followed their process where different. * I understand that all applications for school places will be processed in line with the relevant school's admission arrangements. * I understand any agreement allows me to apply for a place for my child in the relevant year group, but this does not guarantee that a place will be offered if there are more applications that places available. * I understand that, even if the request is agreed, this does not mean that my child will receive automatic admission into any of the schools I have listed on this form. * I understand that: * if a subsequent school does not agree to continue any educated out of year group arrangements, my child may be required to miss a year - for example moving from year 5 to year 7. * my child's wellbeing may be adversely affected (for example if their peer group is developing at a different rate and they feel different). * once my child has started school, the Headteacher is responsible for deciding how best to educate my child and that on occasion, this may include deciding a child should be moved to a different age group. This means my child could be moved back to their chronological year group if there are sound educational reasons to do so. * I understand that the Local Authority may need to contact the schools, my child’s current setting, and/or other professionals named on this form for further information/clarification before a decision about this request can be reached. * I have attached all relevant documentation that I have referred to in my request. | |  |
| **All sections of this form MUST be completed in full. Failure to complete all sections will result in it being returned to you, and this will delay the processing of your request** | | |
| **Signature of Parent/Carer** |  | |
| **Parent/Carer Full Name and Title** |  | |
| **Date** |  | |

### If your request coincides with your child’s transfer from Infant to Junior, or Junior/Primary to Secondary, please ensure you return your completed form by the relevant deadline set out in the coordinated arrangements.

### For decelerated children, this would be the normal point of entry to ensure your child is offered a school place should the EOYG request be refused.

### For In-Year moves, please submit the request as soon as possible to avoid delays

Requests received after the relevant deadline will not be considered until after National Offer Day

If the request is agreed that your child can be educated out of year group, you will need to:

* withdraw the application you made for a school place in the relevant year of entry
* make a new application for a school place for the year you would like your child to be educated when the relevant round opens for applications

It is possible the school will not be able to offer your child a place. If there are more applications than places available, places will be allocated in accordance with the oversubscription criteria for the school. This is why it is important to consult all the schools you plan to apply for.