

**** This is not an application for a school place****

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Request to be Educated Out of Year Group **Accelerated Entry**

This request form is for parents of children due to start school in the September following their fourth birthday, where parents believe there are exceptional reasons to accelerate their start to the September following their third birthday.

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

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 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Undergoing Assessment	
<p><i>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.</i></p>		
Is the child known to the Integrated Disability Service (IDS) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of IDS contact:		
Is the child under the care* of the Local Authority currently, or have they been previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>*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)</i></p>		
If yes , please confirm current status by ticking the relevant box(es)	Full care order	<input type="checkbox"/>
	Interim care order	<input type="checkbox"/>
	Special guardianship order	<input type="checkbox"/>
	Child arrangements order	<input type="checkbox"/>
	Adopted through LA	<input type="checkbox"/>
	Child Protection Order in place	<input type="checkbox"/>
	Child in Need Plan in place	<input type="checkbox"/>

<Please continue to the next page>

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Parent/Carer reasons for requesting accelerated entry for the child

My child is due to start school in Reception in:

September 20.....

I request that my child starts school in Reception in:

September 20.....

**Please explain your reasons for requesting to accelerate your child's entry into school to start a year earlier in the September after their third birthday
(Continue on a separate page if necessary)**

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**Supporting evidence from child's current nursery, pre-school
or childminder (or other Early Years setting)**

If your child attends an Early Years setting, please provide details below. The setting may provide supporting information for the EOYG Panel to consider if applicable

Name of current early years provider:

(if the child is attending split provision, both providers need to complete a copy of this page)

Name of person completing the form on behalf of the EY provider:

This person's role in the early years setting:

Parents have requested to accelerate their child's entry to school to start a year earlier in the September after their third birthday.

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

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NO

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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

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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:

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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's entry to school is accelerated to start in the September following their third birthday.

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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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.

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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.

Headteacher's views on the request to delay this child's entry to school

Name of school:	Name of Head teacher:		
	Signature of Head teacher:		
	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 child attend any pre-school provision, or attend a nursery class in your school, that you are aware of?	YES	NO	UNSURE
If the answer to the above is NO or UNSURE, do you feel you are able to make an informed decision about this request with the information provided?	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

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 than 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 repeat a year.
 - my child will still be 15 at the end of year 11 when means they would not be able to leave at the same time as their classmates.
 - 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.

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**** All sections of this form MUST be completed in full. Failure to complete all sections of the request form will result in this being returned to you, and this will delay the processing of your request ****

Signature of Parent/Carer	
Parent/Carer Full Name and Title	
Date	

In order for your request to be considered as part of the coordinated admissions process, this completed form must be received by the Admissions Service by 15th January of the year in which you are requesting for them to start.

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

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.

If your accelerated entry request is refused, you must reapply in the relevant round for your child's chronological year group,