**A red blue and yellow coat of arms

Description automatically generated**

**REQUEST FOR ADMISSION OUTSIDE NORMAL AGE GROUP**

Please carefully read the School's Admission Policy, which is published on the School's website and available in hard copy form from the School's main office, before completing this form.

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| **Child/Candidate's full legal name:** |  |
| **Child/Candidate's date of birth:** |  |
| **Child/Candidate's current age:** |  |
| **Child/Candidate's home address** *(as defined in the Admission Policy)***:** |  |
| **Please only provide the details of one parent below. No details of the other parent should be given.** | |
| **Parent's full name:** |  |
| **Parent's address** *(if different to above)***:** |  |
| **Parent's email address:** |  |
| **Parent's contact number:** |  |

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| **Child's normal year group:** |  |
| **Year group sought for child:** |  |

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| **Please carefully set out your reasons for asking for the child/candidate to be admitted to a year group outside their normal year group:**  You should have regard to the following factors which the Governing Body will take into account when considering whether or not to agree your request in principle:   * *Information about the child/candidate’s academic, social and emotional development;* * *Where relevant, the child/candidate's medical history and the views of their medical professional;* * *Whether the child/candidate has previously been educated outside their normal age group;* * *Whether the child/candidate may naturally have fallen into a lower age group if it were not for being born prematurely.*   This is not an exhaustive list, and you should provide any other information you believe is relevant. |
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| **Please list here any documentation you have attached in support of your request** *(e.g. a letter/report from the child/candidate's GP, hospital consultant or other medical professional, social worker, home tutor, nursery teacher, etc.)*: |
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| --- | --- |
| **I certify that the information that provided in this form is true and accurate, to the best of my knowledge and belief:** | |
| Signed: |  |
| Name: |  |
| Dated: |  |

**Please note that this is not an application for admission. A separate application for admission must be made in the usual way.**

**Parents/candidates are urged to make their request for admission outside normal age group well ahead of any deadlines for applying for admission, so that infirmed choices can be made.**

**The completed form, together with all supporting documents, should be sent to the Impact MAT Governance Team at** [**clerk@imat.uk.**](mailto:clerk@imat.uk) **Or via post or hand delivery for the attention of the Impact MAT Governance Team to LPSB, Hawksbrook Lane, Bromley 3BP, for the attention of the Impact MAT Governance Team.**